MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10943

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; LENGTH OF STAY (in this place) 8 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Balto~~; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Canterbury Rd & 39th St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Hamilton (Last) Anderson Sr.

4. DATE OF DEATH: (Month) November (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1 October 1865

9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): commission merchant

10b. KIND OF BUSINESS OR INDUSTRY: produce

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles VanBuran Anderson

14. MOTHER'S MAIDEN NAME: Jerusha Spear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. George Bacon - Ambassador Apts., Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Accident	4 days
Antecedent cause(s)		
331X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 330	(b) Arteriosclerosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Oct, 1950, to 20 Nov, 1950, that I last saw the deceased alive on 20 Nov, 1950, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE: Walter T. Kerr (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 23 Nov. 1950

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE: 11/25/50 | NAME OF CEMETERY OR CREMATORY: Lorraine | LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG: November 25 1950 | REGISTRAR'S SIGNATURE: R.W

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. - ADDRESS: 1900 Eutaw Place, Baltimore, Md.

M. O. Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11944

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. City
STREET ADDRESS (If rural, give location) 607 Holden Rd

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	Louis	Andrews		Nov	20	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 11 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Engineer	St of Md.	Penna	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James H. Andrews	Mary E. Carmichael

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No no	192-07-6206	D. Douglas Andrews Ambassador Apts Balto 18, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Heart disease, coronary occlusion — Sudden

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson M.D. D.M.E.		Towson, Md	11/20/50

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 22-50	Harrisburg Cem.	Harrisburg Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-20-50	Mary D. ELINE	J F Eline - Sons	Reisterstown

VS. A15A

V16 98

RECEIVED
NOV 22 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10945

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2825 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
STREET ADDRESS (If rural, give location) 2825 Georgia Avenue

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) E. (Last) Aschenbach

4. DATE OF DEATH (Month) November (Day) 10, (Year) 19 50

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Mar. 15, 1909

9. AGE last birthday 41 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) upholster

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Christian Aschenbach

14. MOTHER'S MAIDEN NAME Rosa Yunger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no

16. SOCIAL SECURITY No. 705-03-5175

17. INFORMANT AND ADDRESS Elizabeth Aschenbach, 2825 Georgia Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X **Immediate cause** (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

Antecedent cause(s)

1356 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1950, to Nov 11, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE Paul Schmfeld (Degree or title) — ADDRESS 2301 Annapolis Md — DATE SIGNED 11/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 11/13/50 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. November 11 1950 — REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Wm. Cook Inc. — ADDRESS 1217 St. Paul Street

364-99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16946

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 Bosley Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 614 Bosley Ave

3. NAME OF DECEASED (Type or Print) (First) LOUISE (Middle) (Last) AUSTIN

4. DATE OF DEATH (Month) (Day) (Year) Nov 17 - 1950

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Dec 12-1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Farmingdale N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Roe
14. MOTHER'S MAIDEN NAME Louise Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Alvin T. Austin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1950, to 11/17, 1950, that I last saw the deceased alive on 11/17, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Gordon Grau (Degree or title) MD ADDRESS 8523 Jock Raven Blvd DATE SIGNED 11/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Nov 20-50
NAME OF CEMETERY OR CREMATORY Old Bethel Cem
LOCATION (City, town, or county) St Marys Co (State) Md

DATE REC'D BY LOCAL REG. November 18th 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR Jos J Herr & Son ADDRESS 3001 Kentucky Ave

Old Beeds Creek

MARYLAND STATE DEPARTMENT OF HEALTH

10947

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 725 E. Preston Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (NMI.) (Last) BARTH

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12-23-89

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Julius Barth

14. MOTHER'S MAIDEN NAME: Catherine Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LIVER — Interval between onset and death: 2 mos.plus

156.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46f

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Oct. 4, 1950, to Nov. 3, 1950, that I last saw the deceased [redacted] and that death occurred at 8:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Merle S. Scher MD

ADDRESS VAH Fort Howard, Md.

DATE SIGNED 11-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11/5/50

NAME OF CEMETERY OR CREMATORY National Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. November 4, 1950

REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR Howard Blight Funeral Home

ADDRESS 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10948

Reg. Dist. No. 33

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon — LENGTH OF STAY (in this place): 15 Mon.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glyndon
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glyndon Park	STREET ADDRESS (If rural, give location): Glyndon Park

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Dinah Jean Bartholow	4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1950 19
5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Aug. 10, 1949 — 9. AGE last birthday: 1yr. 3mon. yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Baltimore City — 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Hanson T. Bartholow	14. MOTHER'S MAIDEN NAME: Katherine Manning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): None — 16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Hanson T. Bartholow, Glyndon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) neuroblastoma (abdominal) — 2 mo.

180X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

54b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: Nov 15 '50	19b. MAJOR FINDINGS OF OPERATION: neuroblastoma arising in rt kidney region	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None	(CITY OR TOWN) (COUNTY) (STATE): None
TIME OF INJURY (Month) (Day) (Year) (Hour): None m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? not as injury

22. I hereby certify that I attended the deceased from 10-1, 1950, to 11-16, 1950, that I last saw the deceased alive on 11-26, 1950, and that death occurred at 12 20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples, M.D.		6 Hanover Road, Reisterstown Md.	11-17-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Nov. 18, 1950	NAME OF CEMETERY OR CREMATORY: Westminster, Cem.	LOCATION (City, town, or county) (State): Westminster, Md.
DATE REC'D BY LOCAL REG.: 11-18-50	REGISTRAR'S SIGNATURE: Mary B. Eline.	24. FUNERAL DIRECTOR: J. F. Eline & Sons, Reisterstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 28 1950

10949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County .....

City or town PARKVILLE, BALTO. Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, Institution, or street address where death occurred:
2702 WILDBERGER AVE

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County .....

City or town BALTO (PARKVILLE)
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2702 WILDBERGER
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME ARETTE M BOSTON

3. (b) Social Security Number

4. Sex F

5. Color or race W.

6.(a) Single, married, widowed, or divorced MARRIED

6.(b) Name of husband or wife ALVIN BOSTON Sr

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) JULY 17, 1886

8. AGE: Years 64 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name Robert G. MORRIS
13. Birthplace

MOTHER
14. Maiden name EMMA DEAL
15. Birthplace

16. Informant ALVIN BOSTON Sr

Address 2702 Wildberger Ave

17. BURIAL Date thereof 11-20-50
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory MORELAND

Location TAYLOR AVE Md

18. Funeral director Mildred T. Bligh

Address 6009 Harford Rd (24)

19. 11/22 1950 Stw Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1950, at 4:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1950, to Nov. 16 1950 and that I last saw h. or alive on Nov. - 16 - 1950

Immediate cause of death: Chronic Myocarditis — DURATION: 1 week

Due to: Arteriosclerosis of Coronaries ?
Rheumatic Heart Disease ?
~~Due to~~ Aplastic Anemia (Inactive) — 6 TWO'S ?
Pulmonary Congestion

Other conditions
416 X
93 d
(Include pregnancy within 3 months of death)

Major findings of operations None Done

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; NO

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Robert G. Williams M.D.
M. D. or other

Address 2515 Taylor Ave Date signed 11-16-50
Balto. 14, Md.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11959

Reg. Dist. No. 49

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 104 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARTER	(NMI)	BOWIES	November	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Mln.
Male	Colored	Single	8/8/88	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Oyster shucker		CHARLESTON, S. C.	USA

13. FATHER'S NAME: Zek Carter

14. MOTHER'S MAIDEN NAME: Phyllis Maul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WWI	Unknown	Clin.Records,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) SYPHILITIC AORTITIS WITH RELATIVE AORTIC INSUFFICIENCY	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

023X
30d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: PULMONARY EDEMA — UNKNOWN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from Aug. 4, 19.50., to Nov. 16, 19.50., that I last saw the deceased alive on [illegible], and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 11-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/20/50	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/20/50	A. W. Redmond	Charles R. Law 802 Madison Ave., Balto. Md.

JT

496 K

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16951

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY. (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Relay, 27, Md.
LENGTH OF STAY (in this place): Nov. 2, 1950
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Relay Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — BELLEMORE Rd
STREET ADDRESS (If rural, give location): 1120 Bellemore Road Zone 10

3. NAME OF DECEASED (Type or Print): (First) James (Middle) H (Last) Brady, Jr.

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 4, 1878

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock broker-Baker, Watts Co.

10b. KIND OF BUSINESS OR INDUSTRY: Broker

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James H. Brady, Sr. (Dec.)

14. MOTHER'S MAIDEN NAME: Kate Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Dr. Leo Brady- Medical Arts Bldg. Baltimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia, right lower lobe	3 days
332X Antecedent cause(s)		
83 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis; multiple	3 weeks
	(c) Cerebral arteriosclerosis	several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1950, to Nov. 22, 1950, that I last saw the deceased alive on Nov. 22, 1950, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lewis P. Tunley M.D. Relay 27, Md. 11/22/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/24/50

NAME OF CEMETERY OR CREMATORY: Cathedral

LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: 11/24/50

REGISTRAR'S SIGNATURE: D. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: L. H. Meier & Son 815 N. Calvert St

MS

1568

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10952

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7337 Windsor Mill Rd.	STREET ADDRESS (If rural, give location): 7227 Windsor Mill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HARRY	MILTON	BROWN	Nov. 29, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
male	white	widowed	Sept. 30, 1878	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
watchman (rtd)	Shipping Construction	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Brown	Sophie Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	218-07-1622	Mrs. Albert Eitemiller-7337 Windsor Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	6 months
151X Antecedent cause(s)		
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Dec. 29, 1950, that I last saw the deceased alive on Dec. 25, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. C. Brunsch		4209 Gibraltar Ave. Balto.	Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/2/50	Balto. Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/15	A. W. Beckert	Wm. J. Tickner & Sons	Balto. Md.

JT

602-V4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10953

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1906 S. 48th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Dundalk
STREET ADDRESS (If rural give location) 1906 S. 48th Street

3. NAME OF DECEASED (Type or Print): (First) SOPHIA (Middle) (Last) BUZGIERSKI - BROWN

4. DATE OF DEATH: (Month) (Day) (Year) November 29, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: about Unknown 1893

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Household

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Michael Konieczny

14. MOTHER'S MAIDEN NAME: Maryanna Kenna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mary Ksiazek, 512 S. Dallas Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 month

260X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension arterio Sclerosis / cardio-vascular — 2 years

61

(c) Chronic Diabetes Mellitus — 3 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1950, to 11-29, 1950, that I last saw the deceased alive on 11-29, 1950 and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eugene F. Nevy M.D. 7001 Mornington Rd Dundalk 22, Md

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE THEREOF: 12/2/50 | NAME OF CEMETERY OR CREMATORY: Sacred Heart of Mary | LOCATION (City, town or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: 12/1/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: M.F. Sadowski & Sons, 1808 Eastern Avenue

51

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

10954

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4 X

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Balto~~ City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Sparrows Pt.~~ ~~Balto~~
STREET ADDRESS (If rural give location) 704 S. Register St.

3. NAME OF DECEASED (Type or Print) (First) CASIMIR (Middle) Peter (Last) BUCZKOWSKI
4. DATE OF DEATH (Month) NOV. (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH March 28/13
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Biloxi Miss.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Buczkowski
14. MOTHER'S MAIDEN NAME Sophie Blaloszewski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 208030996
17. INFORMANT Frank Buczkowski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH 5 min.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD (Degree or title) Dept Med Examiner ADDRESS Dundalk Md DATE SIGNED 11/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 28/50
NAME OF CEMETERY OR CREMATORY Holy Rosary
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 11-27-50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR Fred W Ozazewski ADDRESS 1930 Eastern Ave. 90651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16955

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7511 Belmont Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colgate
STREET ADDRESS (If rural give location): 7511 Belmont Ave

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Sarah (Last) Burgen

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1891

9. AGE last birthday: 59 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Ballantine

14. MOTHER'S MAIDEN NAME: Clarabelle Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Feed Burgem 7511 Belmont Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive Heart Failure

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 938 (b) Severe hypertensive Cardio-Vascular disease 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 4:00A m., from the causes and on the date stated above.

SIGNATURE: L. B. Stevens. (Degree or title): M.D. ADDRESS: 3400 Erdman Ave Balto-Md. DATE SIGNED: 11/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Nov. 22, 1950
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Colgate

DATE REC'D BY LOCAL REG.: 11/21/50
REGISTRAR'S SIGNATURE: A. W. Bedsch

24. FUNERAL DIRECTOR / ADDRESS: Ullrich Funeral Home 2008 Orleans St.

JT

VS. A15

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10955

Reg. Dist. No. 42

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY BaltO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place) 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4625 Magnolia Ave.	STREET ADDRESS (If rural, give location) 4625 Magnolia Ave.

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) F.	(Last) Carter	4. DATE OF DEATH	(Month) Nov. (Day) 23/50 (Year) 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12,1891	9. AGE last birthday 58 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Own business	11. BIRTHPLACE (State or foreign country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME -------Carter		14. MOTHER'S MAIDEN NAME Ida Fredericks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Mrs. Amy B. Carter, 4625 Magnolia Ave Halethorpe, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolism — few minutes

241X 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic asthma - c̄ Emphysema — 24 years

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Allergy

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1940., to Nov 23, 1950., that I last saw the deceased alive on Nov 18, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederick V. Bentley	7 23 Medicae Wks Bldg - Balto. - Md.		Nov 24 - 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 27/50	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) 5501 Frederick Rd. Balto. Md.
DATE REC'D BY LOCAL REG. Nov. 26 50	REGISTRAR'S SIGNATURE Geo Kieffer	24. FUNERAL DIRECTOR Harry H. Nitzke	ADDRESS 4101 Edmondson Ave.

308 V9

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DEC 2 1950
OIL STATE V. B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10957

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural, give location) 3014 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) PHILIP (Middle) (NMI) (Last) CASCIO

4. DATE OF DEATH: (Month) November (Day) 23 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-14-91

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fruit Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Baltimore,Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Cascio

14. MOTHER'S MAIDEN NAME: Catherine Agilio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes ✓ (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF PROSTATE — Unknown

177X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 518 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyonephrosis — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1950, to Nov. 23, 1950, that I last saw the deceased alive on [illegible] and that death occurred at 9:55 A m., from the causes and on the date stated above.

SIGNATURE Eugene Kutz, M.D. (Degree or title) ADDRESS VAH Fort Howard,Md. DATE SIGNED 11-23-50

EUGENE KUTZ, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11/27/50 | NAME OF CEMETERY OR CREMATORY: New cathedral | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 11/30/50 | REGISTRAR'S SIGNATURE O. W. Hedrick

24. FUNERAL DIRECTOR: John T. Stansbury-2700 Edmondson Ave. Balto,Md. | ADDRESS

15660

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16958

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1808 Hildwood Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1808 Hildwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) M. (Last) Chenowith

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 8-1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baynesville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Die

14. MOTHER'S MAIDEN NAME: Rosina ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs John Helbaugh - 1808 Hildwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — 4 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic CVD. — 3

930 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1950, to 11/12, 1950, that I last saw the deceased alive on 11/12, 1950 and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Gotts M.D. — 8100 Harford Rd — 11/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/15/50

NAME OF CEMETERY OR CREMATORY: Mt. Maria

LOCATION (City, town, or county) (State): Towson Md

DATE REC'D BY LOCAL REG.: 11/14/50

REGISTRAR'S SIGNATURE: A. W. Heaps

24. FUNERAL DIRECTOR: L. J. Luck ADDRESS: 5305 Harford Rd

JT

Dr. Grott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10959

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton (Rural) — LENGTH OF STAY (in this place): 25 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Matthews Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton (Rural) — STREET ADDRESS (If rural, give location): Matthews Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Mortimer	Chilcoat	Nov.	14	1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		Feb. 10, 1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (Owner)	Farm	Balto. Co. Md	U.S.A.

13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George	Chilcoat	Josephine	Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	~~None~~	Mrs. S. M. Chilcoat, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Angina Pectoris

420.2 **Antecedent cause(s)**

9445 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

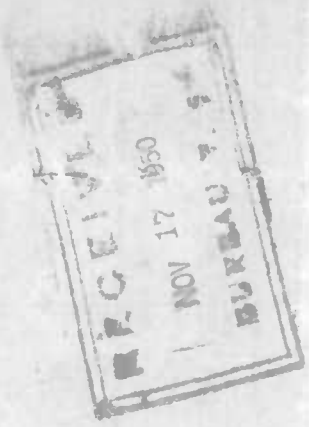
22. I hereby certify that I attended the deceased from ~~Aug. 10~~, 19~~50~~ to Nov. 14 19~~50~~ that I last saw the deceased alive on Sept 1, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edwin Kemp Ballard. M.D.	162 W. Mt. Royal Av. Baltimore 17 Md.	Nov. 14. 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 17, 1950	St. James	Monkton, Balto. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/50	Milmer C. Ewart	London M. Brooks	Sparks, Md

See reverse.



Samuel Mortimore Childcoat was my wife's Brother. While visiting us one day last summer, I found he had been suffering acutely from angina Pectoris for some time & gave him some medicine to carry home. I have since been mailing him prescriptions & no other physician has been attending.

Edwin Kemp Ballard M.D

(OVER)

CERTIFICATE OF DEATH

Registered No. 11-960

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Ella Nora Conner

2. DATE OF DEATH: Nov 11, 1950

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE: Md B. COUNTY:

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Nursing Home, Paradise Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto Co. - OVERLEA

c. Length of stay in Baltimore: Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location): [illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W.	widowed	Mar 6, 1863	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Wagner

14. MOTHER'S MAIDEN NAME: Mrs C A Howland 2902 Westfield

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Meseke ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, Stomach — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

151X

462

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arthritis, hypertrophic; arteriosclerosis — Unknown

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 Sept, 1950, *to* Nov 11, 1950, *that I last saw the deceased alive on* Nov 8, 1950, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lee Magness M. D.

23B. ADDRESS: Catonsville 28, Md

23C. DATE SIGNED: 11-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 11/14/50

24C. NAME OF CEMETERY OR CREMATORY: Mt. Carmel

24D. LOCATION (City, town, or county) (State): O'Donnell St.

DATE RECEIVED BY LOCAL REGISTRAR: NOV 14 1950

REGISTRAR'S SIGNATURE: E. H. Stadtler

25. FUNERAL DIRECTOR: Mildred J. Blight ADDRESS: 6009 Harford Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

10961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 11
STREET ADDRESS (If rural, give location) 1400 W. 37th Street

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) M. (Last) COOPER

4. DATE OF DEATH (Month) November (Day) 14 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 9-29-95

9. AGE last birthday 55 yrs. If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coremaker

10b. KIND OF BUSINESS OR INDUSTRY Iron Foundry

11. BIRTHPLACE (State or foreign country) Knoxville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Clarence Cooper

14. MOTHER'S MAIDEN NAME Gertrude McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 075-01-5855 ~~Unknown~~

17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) AORTITIS WITH RELATIVE INSUFFICIENCY OF AORTIC VALVE — UNKNOWN

023X DUE TO SYPHILIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

30d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Nov. 8, 1950, to Nov. 14, 1950, ~~[illegible]~~ and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 11-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF — NAME OF CEMETERY OR CREMATORY Popular Cemetery — LOCATION (City, town, or county) (State) Warren, Maryland

DATE REC'D BY LOCAL REG. 11-17-50 — REGISTRAR'S SIGNATURE h

24. FUNERAL DIRECTOR Frank W. Seitz — ADDRESS 814 W. 36th Street Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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T

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10962

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mercy Villa

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Rural~~, Baltimore Howard Park
STREET ADDRESS (If rural give location): ~~Bellona Avenue~~ Springdale Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Warren (Last) Corkran

4. DATE OF DEATH: (Month) Nov. (Day) 6, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2/12/54

9. AGE last birthday: 96 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin W. Corkran

14. MOTHER'S MAIDEN NAME: Augusta Hiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: B.Warren Corkran 4303 Rugby Road, Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset and Death: 10 yrs

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1950, to Nov. 6, 1950, that I last saw the deceased alive on 11-6, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: P.D. Flynn M.D. (Degree or title)

ADDRESS: 11 E. Chase St.

DATE SIGNED: 11-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 11-8-50

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 11/8/50

REGISTRAR'S SIGNATURE: R.W. Redrick Dm

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10963

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH · COUNTY Baltimore · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 2yrs,5mos. 12 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2400 E. Oliver St.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) Cowan

4. DATE OF DEATH (Month) Nov. (Day) 21 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.

8. DATE OF BIRTH 9/14/17

9. AGE last birthday 33 yrs. If under 1 year Months 2 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Thomas J. Rosenstell

14. MOTHER'S MAIDEN NAME Nettie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-10-8906

17. INFORMANT AND ADDRESS Alice Cowan, 2400 E. Oliver St. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: About 3½ yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

502 X
138

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9, 1948, to 11/21, 1950, that I last saw the deceased alive on 11/21, 1950, and that death occurred at 11:00p m., from the causes and on the date stated above.

SIGNATURE Elmer P. Sann (Degree or title) M.D. ADDRESS Mt. Wilson, Md. DATE SIGNED 11/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11/24/50 — NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery — LOCATION (City, town, or county) Baltimore, Md. (State)

DATE RECD BY LOCAL REG. 11/21/50 — REGISTRAR'S SIGNATURE Helen R. Mayer

24. FUNERAL DIRECTOR John C. Miller, Inc., ADDRESS 2435 E. Oliver St. Baltimore, Md.

26671

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10964

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 85	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cradocks Lane.	STREET ADDRESS (If rural give location) Cradocks Lane.

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) Stevenson (Last) Cradock.	4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 1950					
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH Jun 24. 1865	9. AGE last birthday 85 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (State or foreign country) Pikesville.	12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Thomas Cradock.	14. MOTHER'S MAIDEN NAME Sally Carroll.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Arthur Cradock.				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331x	Immediate cause	(a) Cerebral Hemorrhage.	5 days
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis.	
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan ....., 19 31, to Nov 5 ....., 19 50, that I last saw the deceased alive on Nov 5, 19 50 and that death occurred at 11 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Palmer FC Williams	M.D	Pikesville. 8. Md	Nov 5. 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Nov 7 1950	St Thomas	Garrison Forest Md
DATE REC'D BY LOCAL REG. 11/6/50	REGISTRAR'S SIGNATURE A.W. Hedrick	24. FUNERAL DIRECTOR	ADDRESS Henry N. Jenkins Sons & 4925 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

10965

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1735 Glen Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1735 Glen Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) MAMIE (Middle) F. (Last) CRAWFORD

4. DATE OF DEATH: (Month) Nov. (Day) 16th, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Feb. 5, 1886	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	South Carolina	USA

13. FATHER'S NAME: John Tillman White

14. MOTHER'S MAIDEN NAME: Eliz. Bracknell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Paul B. Swank, 1735 Glen Ridge Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	myocardial insufficiency	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	carcinoma of breast	15 mos.
(c)		

170 X
50

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
Oct 19th 1949	Carcinoma	Baltimore		Yes ☐ No ☐
		(CITY OR TOWN)	(COUNTY)	(STATE)

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. Edwin Gerson (Degree or title) — ADDRESS: 1 W. Preston Ave Balto Md — DATE SIGNED: 11/17/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Nov. 19, 1950	Troy Cemetery, S. C.	Troy, S. C.

DATE REC'D BY LOCAL REG. 11/17/50 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Rossehue Funeral Home — ADDRESS: 7401 Belair Rd.

ms

CUMMINS

10966

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) LYDIA	(Middle) TOWLES	(Last) CUMMINS	4. DATE OF DEATH	(Month) Nov.	(Day) 19.	(Year) 1950
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan 3, 1899	9. AGE last birthday 51 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Howard M. Towles	14. MOTHER'S MAIDEN NAME Lydia Keilholtz						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. ?	17. INFORMANT AND ADDRESS Mr. Harold M. Cummins Jr. 732 E. 37th St.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	6 mos.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	9 mos.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb., 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 19, 1950, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France	M.D.	Parkton Md.	11/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/21/50	NAME OF CEMETERY OR CREMATORY Lorraine Cem.	LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE REC'D BY LOCAL REG. 11/21/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Wm J. Tukner & Sons Inc.	ADDRESS Balto. Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10967

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines Nursing Home 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 304 S. Newkirk St

3. NAME OF DECEASED (Type or Print) (First) Blanch (Middle) A. (Last) De Ment
4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 1950
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 7-27-72
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Francis Van Newkirk
14. MOTHER'S MAIDEN NAME Lucretia Hudgins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Capen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Decompensation	3 wk.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Chronic Hypertensive Cardio-Vascular Disease	15 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1950, to 11-6, 1950, that I last saw the deceased alive on 11-6, 1950, and that death occurred at 10.509 m., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallager (Degree or title) MD. ADDRESS Catonsville-28, Md. DATE SIGNED 11-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/9/50
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Baltimore Md (State)
DATE REC'D BY LOCAL REG. 11/8/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS 2112 Hundalk Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 10968

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1609 N. Bentalou

3. NAME OF DECEASED (Type or Print): (First) ELMO (Middle) B. (Last) DOUGLASS

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-31-07

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor - Bureau of

10b. KIND OF BUSINESS OR INDUSTRY: Recreation & Parks

11. BIRTHPLACE (State or foreign country): Glouster Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Douglass

14. MOTHER'S MAIDEN NAME: Susan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 217-26-5971 Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE NEPHROSIS, CAUSE UNKNOWN	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PERI-APPENDICEAL ABSCESS, CAUSE UNKNOWN	17 days
	(c)	

550.1
121

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1950, to Nov. 30, 1950, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 9:40 P. m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (Degree or title) IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. ADDRESS DATE SIGNED 12-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12/4/50

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. Decem. 2 - 1950

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Charles R. Law ADDRESS: 802 Madison Avenue Baltimore 1, Maryland

74098

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10969

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgewood (Arbutus) | LENGTH OF STAY (in this place) 4 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 913 St. Charles Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgewood (Arbutus)
STREET ADDRESS (If rural give location) 913 St. Charles Ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) BERNARD (Last) DREISCH
4. DATE OF DEATH: (Month) Nov (Day) 12 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/29/1873
9. AGE last birthday: 77 yrs. If under 1 year: Months Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Joseph M. Dreisch
14. MOTHER'S MAIDEN NAME: Mary Schagemann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Edna M. Dreisch 913 St. Charles Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Cardio-Vascular Arteriosclerosis — 4 yrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1948; Aug 1950
19b. MAJOR FINDINGS OF OPERATION: Amputation Lower thigh - Arteriosclerosis Lower extremities
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1946, to Nov 12, 1950, that I last saw the deceased alive on Nov 11, 1950, and that death occurred at 6.15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Pass, M.D. ADDRESS 4001 Wilkens Ave DATE SIGNED Nov 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11-15-1950
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 11/13/50
REGISTRAR'S SIGNATURE: A. D. Redmond
24. FUNERAL DIRECTOR: G. Howard Strong ADDRESS: 3207 W. North Ave.,

JT

156 V8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10970

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEMONT BALTO. 27
LENGTH OF STAY (in this place) 20 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4023 ANNAPOLIS ROAD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEMONT, BALTIMORE 27
STREET ADDRESS (If rural, give location) 4023 ANNAPOLIS ROAD

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) M. (Last) EDLER.

4. DATE OF DEATH: (Month) NOV. (Day) 29. (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: SEPT. 15, 1899

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN R. WILSON.

14. MOTHER'S MAIDEN NAME: MARY KROUSE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: LESLIE EDLER, 4023 ANNAPOLIS ROAD BALTO, 25.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Respiratory failure	24 hrs
330× Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subarachnoid hemorrhage	24 hours
83a	(c) Malignant hypertension	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/30, 1950, to 11/30, 1950, that I last saw the deceased alive on 11/30, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James J. McCann MD ADDRESS 5804 Edmondson Ave Balt 28 Md DATE SIGNED 11/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: DEC. 2, 1950

NAME OF CEMETERY OR CREMATORY: NEW CATHEDRAL

LOCATION (City, town, or county) (State): BALTIMORE, MD.

DATE REC'D BY LOCAL REG.: Dec 1 1950

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: W. Singleton ADDRESS: Glen Burnie, Md.

Issued at Glen Burnie by Sub Reg.

RECEIVED
DEC 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10971

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place) 6 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2128 Oakland Ave.	STREET ADDRESS (If rural, give location) 2128 Oakland Ave.

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) HENRY	(Last) EFFLER	4. DATE OF DEATH	(Month) Nov.	(Day) 13	(Year) 1950
5. SEX M.	6. COLOR OR RACE N.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Nov. 5-1880	9. AGE last birthday 70 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) North Carolina	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Joseph Effler	14. MOTHER'S MAIDEN NAME Rosan Grandstaff						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Dorothy Deal 2128 Oakland Ave. Middle River					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	3 weeks
Antecedent cause(s) 420.1	(b) Hypertensive C-V disease c̄ Arterio-sclerosis	5 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(c) Old left hemiplegia - cerebral thrombosis	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 1950, to 11/13 1950, that I last saw the deceased alive on 11/9 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A L Kolodny	MD	456 Edgewater	11/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE Nov. 16-50	NAME OF CEMETERY OR CREMATORY Robinson Cemetery	LOCATION (City, town, or county) (State) Hamrick, N.C.
DATE REC'D BY LOCAL REG. 11/13/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR John G. Connelly	ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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10972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 yrs. 4 mths. 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ Howardsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural, give location) ~~Seton Institute~~

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) B.	(Last) EVANS	4. DATE OF DEATH	(Month) November (Day) 9, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH 1874	9. AGE last birthday 76 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME William A. J. Evans		14. MOTHER'S MAIDEN NAME Catherine Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records, Catonsville 28 Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prostatic Carcinoma	?
177X Antecedent cause(s)		
51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	HASCUD	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1948, to Nov. 9, 1950, that I last saw the deceased alive on Nov. 9, 1950, and that death occurred at 3:20 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Florence Denigan Joyce	M.D.	Spring Grove State Hospital Catonsville 28, Maryland	11/9/50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	DATE 11/11/50	NAME OF CEMETERY OR CREMATORY GREENMOUNT CEMETERY	LOCATION (City, town, or county) BALTIMORE (State) MD
DATE REC'D BY LOCAL REG. 11/10/50	REGISTRAR'S SIGNATURE H W Hedrick	24. FUNERAL DIRECTOR Charles H Evans & Son	ADDRESS

118 W. Mt. Royal Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10973

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard; LENGTH OF STAY (in this place) 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1501 Wilson Pt.Rd.Middle River,Md.

3. NAME OF DECEASED (Type or Print): (First) ROBERT; (Middle) W.; (Last) FANTOM

4. DATE OF DEATH: (Month) November (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-13-78

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Baltimore Co.,Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Fantom

14. MOTHER'S MAIDEN NAME: Virginia Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) PI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS — Unknown

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 11-7, 1950, to 11-24, 1950, ~~last saw the deceased~~ ~~alive~~, and that death occurred at 3:06 P.m., from the causes and on the date stated above.

SIGNATURE Lawrence J. Knox MD — (Degree or title) — ADDRESS VAH Fort Howard, Md. — DATE SIGNED 11-24-50

Lawrence J.Knox,M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/27/50

NAME OF CEMETERY OR CREMATORY Waugh Chapel Cemetery

LOCATION (City, town, or county) (State) Long Green Rd.,Balto.Co.,Md.

DATE REC'D BY LOCAL REG. 11/25/50

REGISTRAR'S SIGNATURE Dawson L. Starkey

24. FUNERAL DIRECTOR ADDRESS LASSAHN FUNERAL HOME 7401 Belair Rd.,Balto. Md.

RECEIVED
DEC 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16974

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (Rural) | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown (Rural)
STREET ADDRESS (If rural, give location) Ridge Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Maggie (Last) Fishpaw

4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 25 1876

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elisha Parks

14. MOTHER'S MAIDEN NAME: Maggie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. E. W. Greaser Ridge Rd. Reisterstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, chronic myocarditis	3 years
443X 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 years.
	(c) Arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage, left. — 1948

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 40., to Nov 15, 1950., that I last saw the deceased alive on Nov 14, 1950., and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Rollin L. Hudson M.D. | Towson Md | 11/15/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Nov. 16 1950 | Sater's | Sutherville, Balto Co Md

DATE REC'D BY LOCAL REG. 11/15/50 | REGISTRAR'S SIGNATURE Helmer C Enard | 24. FUNERAL DIRECTOR | ADDRESS
Sanders M. Brooks, Sparks, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 17 1950
BUREAU T. S

Furrow

10975

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH · COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 S. Bolling Rd.	STREET ADDRESS (If rural, give location) 22 S. Bolling Rd.

3. NAME OF DECEASED (Type or Print)	(First) PARICE	(Middle) CLIFFORD	(Last) FURROW	4. DATE OF DEATH	(Month) Nov. (Day) 29, (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH July 12, 1879	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic (rtd)	10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jessie Furrow		14. MOTHER'S MAIDEN NAME Unknown Baltimore 20			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Gladys F. Edwards - 22 S. Bolling Rd. Middle River, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic Cardio-Vascular Disease	10 yrs
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/16, 1950, to 11/29, 1950, that I last saw the deceased alive on 10/16/50, 19....., and that death occurred at 8:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph Mueh MD		422 Eastern Ave Baltimore 21 Md	11/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/2/50	NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.	LOCATION (City, town, or county) Howard Co. (State) Md.
DATE REC'D BY LOCAL REG. 11/30/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons - Balto. Md.	ADDRESS

33699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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10976

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH COUNTY Baltimore Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 16 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY ELIZABETH GANNAWAY
4. DATE OF DEATH (Month) (Day) (Year) Nov 6 1950

5. SEX F
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH May 19, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Scruggs
14. MOTHER'S MAIDEN NAME Delia Gannaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Spring Grove Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism + infarction	unknown
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Thrombus left middle cerebral artery	2 weeks
93d	(c) Marked arteriosclerotic heart disease	years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1949, to Nov. 6, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 3:55 A m., from the causes and on the date stated above.

SIGNATURE Shyne Williams (Degree or title) M.D. ADDRESS Spring Grove State Hospital DATE SIGNED 11-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-8-50
NAME OF CEMETERY OR CREMATORY Columbia Gardens
LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. 11-6-50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Ives Funeral Home By C. Ed. Smith
ADDRESS Arlington Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
NOV 8 1950
BUREAU T. S

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10977

FILM No. G 1 2 NOV 27 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore ~~Dundalk~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2427 Fairway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) E. (Last) German

4. DATE OF DEATH: (Month) 11 (Day) ~~29~~ 13 (Year) 50 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 9-23-~~50~~ 1911

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Western Elec.

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Connelly

14. MOTHER'S MAIDEN NAME: Margaret Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Patricia Gambrill daughter (same address)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis — 2 mos.

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Carcinoma of Lung. — 10 mos.

47d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathological Fracture of Right Femur — .6 wks.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Nov. 13, 1950, that I last saw the deceased alive on Nov. 13, 1950, and that death occurred at 9:00A m., from the causes and on the date stated above.

SIGNATURE James J. Means (Degree or title) M.D. ADDRESS 530 D St. DATE SIGNED Nov. 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11-16-50 | NAME OF CEMETERY OR CREMATORY Cathedral | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 11/15/50 | REGISTRAR'S SIGNATURE A.W. Heduck

24. FUNERAL DIRECTOR Tully & Zeller ADDRESS 403 S. Wolfe Street

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Gonzalez

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10978

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Co
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8004 Oakleigh Road	STREET ADDRESS (If rural, give location): 8004 Oakliegh Road

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) B. (Last) Gesswein			4. DATE OF DEATH (Month) Nov. (Day) 15 (Year) 1950		
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Oct. 22, 1868	9. AGE last birthday: 82 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: John Hartlove			14. MOTHER'S MAIDEN NAME: Mary Jane Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS: Mr. Forrest F. Gesswein, 8004 Oakleigh		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auricular fibrillation & terminal pneumonia — 2 weeks.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension arteriosclerotic Cardiovasc. — several years

260X 61 (c) disease.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes and Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to Nov, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 3.15 p.m., from the causes and on the date stated above.

SIGNATURE: C. E. Gonzalez M.D (Degree or title) ADDRESS: 8304 Harford Road. DATE SIGNED: Maryland.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 11-18-50	NAME OF CEMETERY OR CREMATORY: Cedar Hill	LOCATION (City, town, or county) (State): Balto. Md.
DATE REC'D BY LOCAL REG.: Nov. 17, 1950	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Rd.	ADDRESS

11-17-50

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10979

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 2 yr 5 mos 15 dis
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alonza (Middle) Scott (Last) Gibbs

4. DATE OF DEATH (Month) November (Day) 30 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH March 4, 1859

9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm hand

11. BIRTHPLACE (State or foreign country) Maryland Washington Co.,

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Alonza Scott Gibbs

14. MOTHER'S MAIDEN NAME Mary Ann Biderman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Lawrence Gibbs, White Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	immediate
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	2 yrs.
94a	(c) Generalized arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS Cockeysville, Md. DATE SIGNED 11/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12-3-50

NAME OF CEMETERY OR CREMATORY Vernon

LOCATION (City, town, or county) (State) White Hall Md.

DATE REC'D BY LOCAL REG. 11/30/50

REGISTRAR'S SIGNATURE Wm. J. Chilcoat

24. FUNERAL DIRECTOR Howard S. Markline ADDRESS White Hall, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10980

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, LENGTH OF STAY (in this place) 2 1/2 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 Yarmouth Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 519 Yarmouth Rd.

3. NAME OF DECEASED (Type or Print) (First) EDITH (Middle) M. (Last) GIBSON

4. DATE OF DEATH (Month) Nov. (Day) 10th (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 22, 1883
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home.
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Balto City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Vernon E. Derr
14. MOTHER'S MAIDEN NAME Rebeccah A. Greenley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Miss Elmore B. Erdman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	5 mos
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	2 yrs
93d	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1950, to Nov 10, 1950, that I last saw the deceased alive on Nov 10, 1950, and that death occurred at 2 P m., from the causes and on the date stated above. 4/12/50

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S Edith A Benson 1 W. Overlea Ave Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 13, 1950
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Balto. City (State) Md.

DATE REC'D BY LOCAL REG. 11-13-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd. Balto. 6. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10981

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point — LENGTH OF STAY (in this place): 14 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1112 H. St.	STREET ADDRESS (If rural, give location): 1112 H. St.

3. NAME OF DECEASED (Type or Print): (First) Everett (Middle) E. (Last) Gibson				4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1950	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Jan. 16 1884	9. AGE last birthday: 66 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker	10b. KIND OF BUSINESS OR INDUSTRY: Steel	11. BIRTHPLACE (State or foreign country): Penna.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Joseph Gibson		14. MOTHER'S MAIDEN NAME: Mary Ann Smith			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: 213-07-7155	17. INFORMANT: William J. Gibson			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure metastasis	One hour
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46.2	(b) Generalized carcinomatosis, metastatic to liver, kidneys &c.	
	(c) Carcinoma of ascending colon	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or conditioa causing death. none

19a. DATE OF OPERATION: March 1949	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ascending colon		20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Moath) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from March, 1949, to Nov. 4, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	MD	Sparrows Point, Md	11-6-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/8/50	Sacred Heart	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 6 50	Dawson L. Farber	John A. Moran	3000 E. Balto. St.

VS. A15

RECEIVED
NOV 8 1950
BUREAU V.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10982

Reg. Dist. No. 4K

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 39 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2824 W. Belmont Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) GONDERMAN

4. DATE OF DEATH: (Month) November (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/24/74

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Gonderman

14. MOTHER'S MAIDEN NAME: Elizabeth Krotz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): SAW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Records,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC DECOMPENSATION	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	5 years
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA X attended the deceased from Oct. 8, 1950, to Nov. 16, 1950, that ~~I last saw the deceased alive on~~ and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M.D., CHIEF, MEDICAL SERVICE, VET.ADM.HOSP., FORT HOWARD, MD. 11/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/20/50

NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 11-17-50

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: William Cook,Inc.,St.Paul & Preston Sts. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10883

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Oakland Mill Road.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural give location): Oakland Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IRVING	WESLEY	GOSNELL	NOVEMBER	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.		Sept. 15, 1861	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	farm Owner	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Perry Gosnell.	Elanor C. Ousler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.	None	Mr. Benard Gosnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) TERMINAL PNEUMONIA	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC C.V. DISEASE	years
422.1 93d	(c) GANGRENE RT. FOOT	3 wks.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE, 1950, to NOVEMBER 1950, that I last saw the deceased alive on NOV. 22, 1950, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown, Md.	11/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 27, 1950	Wards Chapel	Wards, Balto. Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-27-50	Mary B. Eline.	Wm. Berryman & Sons	Reisterstown

RECEIVED
NOV 29 1950
BUREAU V. S.

10984

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sherwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md.
STREET ADDRESS (If rural, give location) Sherwood Rd.

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) (Last) Griffith
4. DATE OF DEATH (Month) Nov. (Day) 29 (Year) 1950

5. SEX F.
6. COLOR OR RACE W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Oct. 7 1869
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Balto Co. Md
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Thomas Bond
14. MOTHER'S MAIDEN NAME Isabelle Sugars

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Helen Wier, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH few min.

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — unk.

53b (c) Cardiac Failure —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1945, to 11/29, 1950, that I last saw the deceased alive on 11/29, 1950, and that death occurred at 5050 m., from the causes and on the date stated above.

SIGNATURE Bennett A. Stoen (Degree or title) MD ADDRESS Lutherville DATE SIGNED 11/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-2-50
NAME OF CEMETERY OR CREMATORY Bosley
LOCATION (City, town, or county) (State) Sparks, Md.

DATE REC'D BY LOCAL REG. Dec 1-50
REGISTRAR'S SIGNATURE Wilmer C. Ensor
24. FUNERAL DIRECTOR Landon M. Brooks, ADDRESS Sparks, Md

52009

1950 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1950
KLAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10985

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville (Towson 4 RD)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Extension Loch Raven Blvd.	STREET ADDRESS (If rural, give location) Extension Loch Raven Blvd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): HERBERT STEVENSON GUY, SR.

4. DATE OF DEATH (Month) (Day) (Year): November 11, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Oct. 20, 1893	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Aircraft assemblyman	G.L.Martin Co.	Towson, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Uriah Carter Guy	Emma Orem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	216-10-6314	Mrs. Katherine M. Guy, Towson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary artery occlusion

260 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis

61 (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/50, 19....., to 11/11, 1950, that I last saw the deceased alive on 11/11, 1950, and that death occurred at 1:20 pm m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gordon Grow	MD	8523 Loch Raven Blvd.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 13, 1950	Providence Methodist Cem.	Providence, Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/13/50	A. W. Hedrick	John Burns' Sons, Towson, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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496 38

10986

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. LENGTH OF STAY (in this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 720 Penna. Ave

3. NAME OF DECEASED (Type or Print) (First) Eugene (Middle) (Last) Hamlin-JR
4. DATE OF DEATH (Month) Nov. (Day) 23 (Year) 50.
5. SEX Male
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 10-1922
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kiedsville N.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Eugene Hamlin Sr.
14. MOTHER'S MAIDEN NAME Pearl Hodge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT McLaurin Funeral Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

984 Immediate cause (a) Gun Shot Wound thru Left

984X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chest Level 7th Rib (.38 Cal Pistol)

168 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Parking lot. (CITY OR TOWN) Sparrows Pt. (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 23-508 30 pm.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot trying to escape from Police

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE J. B. Davis (Degree or title) MD Dept Med. Exam. ADDRESS Dundalk-22 Md DATE SIGNED 11/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11/28/50 NAME OF CEMETERY OR CREMATORY Jones Chapel LOCATION (City, town, or county) Kiedsville, N.C. (State)

DATE REC'D BY LOCAL REG. Nov. 25-1950 REGISTRAR'S SIGNATURE William M. Kelly Jr. 24. FUNERAL DIRECTOR Charles R. Law ADDRESS 802 Mad. ave.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 27 1950
BUREAU V. S

10987

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex Balto 21 LENGTH OF STAY (in this place) 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 576 Langley Rd. Edgewater apts.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Darlene (Middle) Elizabeth (Last) Hancock
4. DATE OF DEATH (Month) 11 (Day) 6 (Year) 50

5. SEX Fem.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 11/47
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore City
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Milton R. Hancock Sr
14. MOTHER'S MAIDEN NAME Virginia Lee Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs Virginia Lee Hancock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation & suffocation — Immediate

902.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell out of bed, caught

186a

(c) neck in bed rail.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Essex Md. (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) 11 (Day) 6 (Year) 50 (Hour) 11 45 mn. P
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Fell out of double deck bed & caught neck & head under rail.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J M Carmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md DATE SIGNED 11/6/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/9/50
NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 11/8/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10988

Reg. Dist. No.

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point — LENGTH OF STAY (in this place) 12 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 1223 Beechwood Road

3. NAME OF DECEASED (Type or Print) (First) LESTER	(Middle) WILLIAM	(Last) HARRISON	4. DATE OF DEATH (Month) Nov.	(Day) 4,	(Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan 27,1902	9. AGE last birthday 48 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.	11. BIRTHPLACE (State or foreign country) Mt. Airy, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Oliver R. Harrison		14. MOTHER'S MAIDEN NAME Elizabeth Rider			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 220-10-5727	17. INFORMANT Mrs. Della Harrison 1223 Beechwood Rd.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Carcinoma of the large intestine — 1 year.

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION March 1, 1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma Ileocecal junction	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950 to Nov 4, 1950, that I last saw the deceased alive on Nov 3, 1950, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	520 D St. Sp Pt 19	Md 11-6

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/7/50	NAME OF CEMETERY OR CREMATORY Piney Grove	LOCATION (City, town, or county) (State) Mt. Airy, Md.
DATE REC'D BY LOCAL REG. 11/6/50	REGISTRAR'S SIGNATURE D.W. Hedrick DM	24. FUNERAL DIRECTOR Ullrich Funeral Home	ADDRESS 2112 Dundalk Ave.

31629

4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16989

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 Overbrook Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 406 Overbrook Rd

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) J. (Last) Hartzell

4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 23, 1881

9. AGE last birthday: 69 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Post Office

10b. KIND OF BUSINESS OR INDUSTRY: Md. Trust Co.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Hartzell

14. MOTHER'S MAIDEN NAME: Mary P. ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mary Hartzell, 406 Overbrook Rd Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Disease	
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, partial, right side

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1950, to 11/13, 1950, that I last saw the deceased alive on 11/12, 1950, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) D.C. MacLaughlin | ADDRESS 4508 Edmondson Village | DATE SIGNED 11/14/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 16/50 | NAME OF CEMETERY OR CREMATORY New Cathedral, 4300 Old Frederick Rd. | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 11/14/50 | REGISTRAR'S SIGNATURE A. W. Heduck | 24. FUNERAL DIRECTOR ADDRESS Harry H. Witzke 4101 Edmondson Av

JT

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10990

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Carney (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mo.

Hospital, institution, or street address where death occurred: 3030 4th. St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Carney (If outside city or town limits, write RURAL and give nearest town)

Street No. 3030 4th. St. (If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: George R. Haslup

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widower

6.(b) Name of husband or wife: Sophia M. Haslup 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 26, 1869

8. AGE: Years	Months	Days	If less than one day
81	2	26	..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Mail carrier (retired)

11. Industry or business: U. S. Post Office

FATHER — 12. Name: LeRoy F. Haslup

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Sarah Jane Washington

MOTHER — 15. Birthplace: England

16. Informant: Mrs. James Busick

Address: 3030 4th. St., Carney

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 27, 1950 (month) (day) (year)

Cemetery or crematory: Parkwood

Location: Baltimore County

18. Funeral director: Evans Funeral Home

Address: 8802 Harford Rd.

19. 11/29/50 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22 19 50, at 11 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 19 ..... to Nov. 22 19 50

and that I last saw him alive on Nov. 22 1950

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to: Generalized Arteriosclerosis	4 years
Due to: Senility	
Other conditions: Benign Prostatic Hypertrophy	

422.1 93d

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Robert C. Williams M.D. M. D. or other

Address: 2515 Taylor Ave. Date signed: 11-22-50

32295

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10991

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location) 2102 Maryland Avenue, N. E.

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) E.	(Last) HAWKINS	4. DATE OF DEATH	(Month) November (Day) 12 (Year) 1950
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-13-22	9. AGE last birthday 28 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Administrative Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Isaac Hawkins		14. MOTHER'S MAIDEN NAME Alline Washington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
201X	Immediate cause	(a) HODGKIN'S DISEASE OF ABDOMINAL AND MEDIASTINAL LYMPH NODES LIVER, SPLEEN AND BONE MARROW	4 YEAR +
44b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HEPATITIS, INFECTION — UNKNOWN

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 24, 1950, to Nov. 12, 1950, ~~[illegible]~~ ~~[illegible]~~ that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Paul Padget	PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND	11-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 11/14/50	NAME OF CEMETERY OR CREMATORY Arlington National	LOCATION (City, town, or county) (State) Fort Myer, Virginia
DATE REC'D BY LOCAL REG. 11/13/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Charles R. Law	ADDRESS 802 Madison Avenue Baltimore 1, Maryland

J1

49699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10992

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: BALTO. | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
LENGTH OF STAY (in this place): 30 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1904 MAXWELL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. | COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK
STREET ADDRESS (If rural, give location): 1904 MAXWELL AVE

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) (N.M.) (Last) HERGET

4. DATE OF DEATH: (Month) NOV. (Day) 15, (Year) 1950

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: OCT. 29, 1861

9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: (RETIRED)

11. BIRTHPLACE (State or foreign country): BALTO. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: BALTHASER BEYER

14. MOTHER'S MAIDEN NAME: A. GERTRUDE (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. CATHERINE E. ZIEGLER - NIECE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis, Chronic	1 yr.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertension.	20 yrs.
	(c) Arteriosclerosis	10 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Nov. 15, 1950, that I last saw the deceased alive on Nov 13, 1950, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

David H. Andrew M.D | 33 Dundalk Ave Dundalk Md | 11/16/50.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 17 Nov. 1950 | NAME OF CEMETERY OR CREMATORY: OAK LAWN | LOCATION (City, town, or county) (State): BALTO. Md.

DATE REC'D BY LOCAL REG.: NOV. 17-1950 | REGISTRAR'S SIGNATURE: William M. Kelly Jr. | 24. FUNERAL DIRECTOR: Walter Brooks Bradley | ADDRESS: Dundalk, Md.

VS. A15

RECEIVED
NOV 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10993

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Fullerton Jail-Fitch Ave. & Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3612 Northern Parkway

3. NAME OF DECEASED (Type or Print): (First) MADILON (GLADYS); (Middle); (Last) HETZEL

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: About 1909

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Anthony Rozawicz

14. MOTHER'S MAIDEN NAME: Emla Church ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. -0-

17. INFORMANT: Anthony Rozawicz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fatty liver

322.1 / 124a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic alcoholism

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley B. Dunlacher, M.D. 700 Fleet St., Baltimore 2, Maryland Nov. 9, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Nov 12 1950; NAME OF CEMETERY OR CREMATORY Holy Cross Cem; LOCATION (City, town, or county) German Hill Rd Ess (State)

DATE REC'D BY LOCAL REG. 11-9-50; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Joseph Kasmakos Inc ADDRESS 602 Wash Blv

52086

VS. A15A

#'s 8 & 9 Evidence is shown on Film G129
11/13/50 jst

10994

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Towson — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1114 Legeste Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Towson
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) # 1114 Legeste Ave

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) A. (Last) Hiser
4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 1 1888
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capt. Coal Barge
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Hiser
14. MOTHER'S MAIDEN NAME: Caroline Schriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Mary A. Hiser - 1114 Legeste

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vasc.-Renal Dis.

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1950, to Nov. 5, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas E. Carr Jr. M.D. — 6007 York Rd. — 11-6-50

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF 11-8-50 | NAME OF CEMETERY OR CREMATORY Lakewood | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 11-8-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

J. Tuck — 5305 Harford Rd

VS. A15

11295

Dr. Carr
6007 York

MARYLAND STATE DEPARTMENT OF HEALTH

10995

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place): 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) Cardiff (Middle) T. (Last) Hollingsworth

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 15, 1867

9. AGE last birthday: 83 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Carroll County

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Hollingsworth

14. MOTHER'S MAIDEN NAME: Mattie Ellen Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Katherine Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Disease — 30 min.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH: None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☒ No

HOW DID INJURY OCCUR?: Not an injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples — (Degree or title): Dep. Med. Exam. M.D — ADDRESS: Reisterstown, Maryland — DATE SIGNED: 11-18-'50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 21, 1950 — NAME OF CEMETERY OR CREMATORY: Reisterstown Methodist — LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG.: 11-20-50 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline & Sons — ADDRESS: Reisterstown, Md.

RECEIVED
NOV 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

16996

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (In this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 7221 Holabird Avenue

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (NMI) (Last) HORWITZ (HORBITZ)

4. DATE OF DEATH: (Month) November (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-2-92

9. AGE last birthday: 58 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Bus.

10b. KIND OF BUSINESS OR INDUSTRY: Grocer

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Chaim Horwitz

14. MOTHER'S MAIDEN NAME: Rose (MN Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ATROPHY OF LIVER DUE TO SERUM HEPATITIS	1 MONTH
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 164 C	(b) GUNSHOT WOUND OF CHEST; SUICIDE ATTEMPT	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING X CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Bronx, New York

TIME OF INJURY (Month) (Day) (Year) (Hour): About 8-29-50 m.

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? Gun shot wound (Self inflicted)

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* X, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): M. Clairmont M.D. Deputy Medical Examiner

ADDRESS: Balto C. Dunbar

DATE SIGNED: 11-15-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 11-15-50

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): New York NY

DATE REC'D BY LOCAL REG. 11-16-50

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Jack Lewis, Inc. Funeral Home

ADDRESS: 2100 Eutaw Place, Baltimore, Maryland

15661

MARYLAND STATE DEPARTMENT OF HEALTH

10997

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Blue Hills Balto. 9 | LENGTH OF STAY (in this place) 10 mo | HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 332 A Falls Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. | COUNTY Balto. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 9 Blue Hills | STREET ADDRESS (If rural, give location) Box 332A. Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN. (Middle) (Last) HUNT

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1950

5. SEX: Male. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Aug 1, 1884 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Utility Man | 10b. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co | 11. BIRTHPLACE (State or foreign country): Balto. Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Thos. Hunt. | 14. MOTHER'S MAIDEN NAME: Sarah J. Bosley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If yes, give war or dates of service): None. | 16. SOCIAL SECURITY NO. 212-05-3330 | 17. INFORMANT: Mrs Mamie Susan Hunt (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2 **Immediate cause** (a) Angina Pectoris | Interval Between Onset and Death: 8 yrs.

94b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None. | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: None. | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour): None. m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) D. D. Eagles, M.D. Dep. Med. Exam. | ADDRESS Reisterstown, Md. | DATE SIGNED 11-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Nov. 21, 1950 | NAME OF CEMETERY OR CREMATORY Mt. Zion, Butler | LOCATION (City, town, or county) Md. (State)

DATE REC'D BY LOCAL REG. 11/20/50 | REGISTRAR'S SIGNATURE A. W. Hadnot | 24. FUNERAL DIRECTOR Paul E. Chenoweth | ADDRESS 3615-17 Chesnut Ave

VS. A15A

VT

49654

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16999

CERTIFICATE OF DEATH

Reg. Dist. No. 99

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Pt | LENGTH OF STAY (in this place): 50yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 715 D Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Pt.
   STREET ADDRESS (If rural, give location): 715 D Street

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) James (Last) Jones

4. DATE OF DEATH: (Month) November (Day) 18th (Year) 1950.

5. SEX: M. | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: Sept. 3-1880 | 9. AGE last birthday: 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigger | 10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel | 11. BIRTHPLACE (State or foreign country): Burkesville Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Jones | 14. MOTHER'S MAIDEN NAME: Mary Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Martha Jones — 715 D Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral apoplexy	6 hours
260X Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15th, 1950, to Nov 18th, 1950, that I last saw the deceased alive on Nov 18th, 1950, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

J. H. Thomas MD. | 107 N. Main St Dundalk (27 Md) |

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/21/50	Mt. Calvary Cem.	R. C. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/20/50	C W. Hedrick ST	Samuel W. Sullivan Jr	1011 N. Arlington Ave

Evidence for addition in 18 shown on:

FILM No. G 129 DEC 4 1950

10998

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 780 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.Ft. Howard, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Oak Grove Road and Holly Drive

3. NAME OF DECEASED (Type or Print) (First) ELWOOD (Middle) F (Last) JAMES

4. DATE OF DEATH (Month) NOVEMBER (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-8-03
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rhodesville, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lewis James
14. MOTHER'S MAIDEN NAME Rose Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY No.
17. INFORMANT Clim.Rec.,Vet.Adm.Hosp. Ft. Howard, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ~~Pending~~ Toxicology report: No poisons found.

592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traces of mercury were present in liver & kidney due to therapy used. (12/4/50 akc)

131b (c) Acute nephrosis superimposed on chronic nephritis. (2-1-51-ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M. Carmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 27 11/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 15-1950
NAME OF CEMETERY OR CREMATORY ~~National~~ Sacred Heart Cemetery
LOCATION (City, town, or county) (State) Salmon Hill Rd. Balto, Md 418
DATE REC'D BY LOCAL REG. 11/13/50
REGISTRAR'S SIGNATURE A. W. Heduck
24. FUNERAL DIRECTOR J. C. Connelly ADDRESS Eastern Ave Essex, Md

JT ✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11000

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9007 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 9007 Harford Road

3. NAME OF DECEASED (Type or Print) (First) Augusteen (Middle) (Last) Jones

4. DATE OF DEATH (Month) Nov. (Day) 22, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 29 1863

9. AGE last birthday 87 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Housewife

11. BIRTHPLACE (State or foreign country) Harford Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Tate

14. MOTHER'S MAIDEN NAME Martha Blomy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS W N Almony Baltimore Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 3 wks.

Antecedent cause(s) (b) Arteriosclerotic C. V. Disease

422.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Nov. 22, 1950, that I last saw the deceased alive on Nov. 21, 1950, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE Nathan Janney (Degree or title) M.D. — ADDRESS 7101 Harford Rd. — DATE SIGNED 11/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Nov 25 1950 — NAME OF CEMETERY OR CREMATORY Slate Ridge — LOCATION (City, town, or county) Delta (State) Pa

DATE REC'D BY LOCAL REG. 11/22/50 — REGISTRAR'S SIGNATURE A. M. Bacon — 24. FUNERAL DIRECTOR W. Howard Webb Farm — ADDRESS Glen Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

7101 Hoff Rd
Nathan Jenny

RECEIVED
NOV 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11601

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 18
STREET ADDRESS (If rural, give location): 2061 Kennedy Avenue

3. NAME OF DECEASED (Type or Print): (First) FREDERICK (Middle) G. (Last) KAHLER

4. DATE OF DEATH: (Month) November (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-16-80

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Paint Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Posterfield Kahler

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): P.I.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) SECONDARY OR PRIMARY CARCINOMA OF THE LIVER WITH PROBABLE CEREBRAL METASTASES & PATHOLOGICAL FRACTURE (RIGHT HUMERUS)	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIOSCLEROSIS	UNKNOWN
	(c) HYPERTROPHIC ARTHRITIS	UNKNOWN

155X
46f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1950, to Nov. 8, 1950, [illegible] alive on [illegible], and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 11-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-12-50

NAME OF CEMETERY OR CREMATORY: National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11-10-50

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Wiedefeld Funeral Home — ADDRESS: Greenmount Ave. & 22nd. St., Baltimore, Md.

240 19

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11002

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Woodland~~ Woodlawn — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6409 Maple Ave	STREET ADDRESS (If rural, give location) 6409 Maple Ave, Woodland

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle)	(Last) Kaufman	4. DATE OF DEATH	(Month) Nov.	(Day) 7	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 10, 1877	9. AGE last birthday 73 yrs.	If under 1 year Months 7	Days 28	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Department store clerk	10b. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Henry Kaufman	14. MOTHER'S MAIDEN NAME Sophia Rothschild						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 212-09-9126	17. INFORMANT AND ADDRESS Mrs. Sarah E. Kaufman 6409 Maple Ave					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	15 minutes
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	5 yrs
74a	(c) Diabetes Mellitus	7 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Lymphoid Leukemia	2 yrs

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 10 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joshua H. Armacost	M.D.	6419 Windsor Mill Rd	Nov. 7, 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov 10 1950	NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 11-9-50	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR David Goodheim for	ADDRESS 1902 Eutaw Place Baltimore-17, Md.

27879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11093

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: BALTIMORE

City or town: RURAL NEAR BALTIMORE CITY
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7322 WINDSOR MILL ROAD

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5 MONTHS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: BALTIMORE

City or town: RURAL NEAR BALTIMORE CITY Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7322 WINDSOR MILL ROAD
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: APPOLINIA KAMM (Lona Kamm)

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): FEB. 26, 1877

8. AGE:

Years	Months	Days	If less than one day
73	8	24	hrs. min.

9. Birthplace: BENSBERRY, GERMANY
(Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business:

FATHER
12. Name: BALTHASA ENGELHARDT
13. Birthplace: GERMANY

MOTHER
14. Maiden name: JOHANNA BERTHOLT
15. Birthplace:

16. Informant: MARIE TRAUBNER (SISTER)

Address: 7322 WINDSOR MILL ROAD

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/22/50 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Balto 29 MP

18. Funeral director: Harry A Mitke

Address: 4101 Edmondson Ave

19. 11/21/50 (Date rec'd by registrar) 19 D. W. Hedrick MS Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: NOVEMBER 19 1950, at 3:05 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from OCTOBER 4 1950, to NOVEMBER 19 1950, and that I last saw her alive on NOVEMBER 18 1950.

Immediate cause of death: MYOCARDITIS, CHRONIC — DURATION: 10 YRS

Due to: DUE TO CHRONIC RHEUMATIC CARDITIS

Due to: 416X

Due to: 93d

Other conditions: CHRONIC RHEUMATOID ARTHRITIS (GENERALIZED) — 15 YRS

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Orvi B. Kemick M.D.
M. D. or other

Address: 5416 Reisterstown Rd Date signed: 11/19/50

11004

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Overlea
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 Manor Ave.	STREET ADDRESS (If rural, give location): 111 Manor Ave.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) L. (Last) Katenkamp			4. DATE OF DEATH (Month) Nov. (Day) 11 (Year) 1950		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: June 9, 1902	9. AGE last birthday: 48 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PostOffice Retired	10b. KIND OF BUSINESS OR INDUSTRY: Lettercarrier	11. BIRTHPLACE (State or foreign country): Balto.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: George Katenkamp		14. MOTHER'S MAIDEN NAME: Elizabeth Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): ---	16. SOCIAL SECURITY No.: 218-26-1689	17. INFORMANT AND ADDRESS: Helen Katenkamp 111 Manor Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) myocardial infarction	immediate
420.1 Antecedent cause(s)		April 3
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 2 prior myocardial infarction	July 2 79
	(c) coronary sclerosis	sev. yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 3, 1950, to 11/11, 1950, that I last saw the deceased alive on Oct 29, 1950, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William L. Penner	M.D.	11 W. 29th Bal 18.	11/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Nov. 14 50	NAME OF CEMETERY OR CREMATORY: Holy Redeemer	LOCATION (City, town, or county) (State): Balto. 6 Maryland
DATE REC'D BY LOCAL REG.: 11/13/50	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: DIPPEL BROS.	ADDRESS: 7110 BELAIR Rd

JT

22295

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(1 W 29TH ST.)

11005

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wards Chapel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills.
STREET ADDRESS (If rural, give location) Wards Chapel Rd.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ALBERT (Last) KELLEY
4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct 29, 1884
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ran Service Sta.
10b. KIND OF BUSINESS OR INDUSTRY Gasoline
11. BIRTHPLACE (State or foreign country) Owings Mills, Md
12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME Thos. Kelley
14. MOTHER'S MAIDEN NAME Virginia Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. none.
17. INFORMANT Mrs Clara Kelley (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Artery Disease — 10 min

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples (Degree or title) Dep. Med. Exam. M.D. ADDRESS Reistorstown, Md. DATE SIGNED 11-3-'50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 5, 1950
NAME OF CEMETERY OR CREMATORY Wards Chapel
LOCATION (City, town, or county) Liberty Rd. Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 11/3/50
REGISTRAR'S SIGNATURE Wm. E. Martin
24. FUNERAL DIRECTOR C. Harry Weer - Lykesville, Md. ADDRESS

156 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 9 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11006

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville - Campfield Rd.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE BALTO COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE MD
STREET ADDRESS (If rural, give location) CAMPFIELD RD 111 W. Mulberry

3. NAME OF DECEASED (Type or Print) (First) MAMIE (Middle) KELLEY (Last)
4. DATE OF DEATH (Month) NOV (Day) 7 (Year) 1950

5. SEX FEM
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JUNE 5 1874
9. AGE last birthday 76 yrs. If under 1 year Months 3 Days 2. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTO MD
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME JOSEPH KELLEY
14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AUGSBURG HOME RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
153x	Immediate cause	(a) Carcinoma (Colon)	2 yrs.
46 e	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Broncho - Pneumonia	5 days.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 9.30 P. m., from the causes and on the date stated above.

SIGNATURE Earl L. Chambers (Degree or title) M.D. ADDRESS 4108 Liberty Hts Ave. Baltimore DATE SIGNED - Mf.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE NOV 10-50
NAME OF CEMETERY OR CREMATORY ST. PAULS. CEMETERY
LOCATION (City, town, or county) VIOLETSVILLE (State) MD.

DATE REC'D BY LOCAL REG. 11/8/50
REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR Mrs. Chas A G Rohde ADDRESS 2327 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Information re former address obtained by phone from the Augsburg Home.
1-29-51 - ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11007

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3815 S. Hanover Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	(NMI)	KIMBLE	November	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	11-22-17	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Automobile assemblyman	Chev. Co.	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter Kimble	Margaret Gerwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes ✓	WW II	215-07-5655	Clin.Rec.Vets.Adm.Hospital, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Perforation of the colon with fecal peritonitis	D.O.A.
154X 46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of rectum	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. McCarmine M.D.	Deputy Medical Examiner	Balto Co Dundalk 22 Md	11/26/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11.29.50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/27/50	A W. Hebeler	James L. McCully	3900 S.Hanover St., Balto., Md.

JTC

49639

11008

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale. LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 30th & Rosewick ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) M (Last) Knapp.
4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 50

5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 17th 1899
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carnival Worker.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Chas. A Knapp
14. MOTHER'S MAIDEN NAME Florence Knapp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT James Helman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. McCarmane MD. Dept. Medical Examiner Balto. Co. Dundalk 22 md 11/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/20/50
NAME OF CEMETERY OR CREMATORY Walton Cemetery NY
LOCATION (City, town, or county) (State) NY

DATE REC'D BY LOCAL REG. Nov. 18-50
REGISTRAR'S SIGNATURE Mrs. G. L. Reifsnider
24. FUNERAL DIRECTOR Clark Funeral Home Walton NY ADDRESS

49690

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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11009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: BALTIMORE CO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE-28 — LENGTH OF STAY (in this place): 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel (Rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Nellie Knowles
4. DATE OF DEATH (Month) (Day) (Year): 11 - 18 1950
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct 16, 1974
9. AGE last birthday: 76 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Wm Sands Disney
14. MOTHER'S MAIDEN NAME: Alice Jones.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

274X Immediate cause (a) Inanition — 2 wks

Antecedent cause(s) (b) Addison's Disease — more than 7 mo

65a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 1950, to 11-18, 1950, that I last saw the deceased alive on 11-18, 1950, and that death occurred at 3:45 p m., from the causes and on the date stated above.

SIGNATURE: Florence Deringer Joyce MD (Degree or title) — ADDRESS: Spring Grove St. Hosp — DATE SIGNED: 11-19-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 11-21-50 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county): Fort Meade (State): Md

DATE REC'D BY LOCAL REG.: 11-20-50 — REGISTRAR'S SIGNATURE: V E. Harry — 24. FUNERAL DIRECTOR: F.O. Higinbotham, Ellicott City Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

428

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11010

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Home	STREET ADDRESS (If rural give location): 2014 Ramsay Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles - Krammer			4. DATE OF DEATH (Month) (Day) (Year): Nov 27 1950		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 2/12/1861	9. AGE last birthday: 89 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hair Spinner	10b. KIND OF BUSINESS OR INDUSTRY: Hair Factory		11. BIRTHPLACE (State or foreign country): Germany		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Henry Krammer			14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —		16. SOCIAL SECURITY NO.: —	17. INFORMANT: Hilda Huber - 468-S-Bentalou St		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis... — 3-6 mos.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1950, to Nov. 27, 1958, that I last saw the deceased alive on Nov. 24, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Lloyd Johnson	M.D.	Catonsville Md.	11/28/58

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Dec-1-1950	NAME OF CEMETERY OR CREMATORY: Loudon Park Ave.	LOCATION (City, town, or county) (State): Baltimore Md
DATE REC'D BY LOCAL REG.: 11/29/50	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: F. B. Wippert & Son	ADDRESS: 1800 Eutaw Pl. 17

Dr. Johnson JT 49644

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11011

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALSTOWN; LENGTH OF STAY (in this place); STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Marriottsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY BALTO MD; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALSTOWN.; STREET ADDRESS (If rural, give location) MARRIOTTSVILLE RD

3. NAME OF DECEASED (Type or Print): (First) AUGUSTA. (Middle) KRUPSKE (Last)

4. DATE OF DEATH: (Month) NOV (Day) 11 (Year) 1950

5. SEX: FEM

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: SEPT-20-1868

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN HOPP.

14. MOTHER'S MAIDEN NAME: AUGUSTA. LEHMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: MRS. CLARA TODM. RANDALSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

163X Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Lung

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1948, to 11/11/1950, that I last saw the deceased alive on 11/11/1950, and that death occurred at 3a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm E. Martin M D Randallstown Md

23. BURIAL, CREMATION, REMOVAL (Specify) SHIPPED | DATE. NOV. 12-50 | NAME OF CEMETERY OR CREMATORY. CHICAGO. ILL. | LOCATION (City, town, or county) (State) Chicago, Ill.

DATE REC'D BY LOCAL REG. 11/11/50 | REGISTRAR'S SIGNATURE Wm E. Martin

24. FUNERAL DIRECTOR Mrs Chas A G Rohde ADDRESS 3327 Edmondson Ave

52086

VS. A15

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11012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson; LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) P.O.Box 14

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Edward	Lank	Nov.	24,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	11/5/1885	65 yrs.	0	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman		Berlin, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lank	Eliza Walston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-05-0737	Geo.Ed.Lank,P.O.Box14,Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cancer of the Lung.	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculosis Pulmonary	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No operation		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/10, 1950, to 11/24, 1950, that I last saw the deceased alive on 11/24, 1950, and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elmer P. Lamm. M.D. Mt.Wilson, Md. 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/28/50	Evergreen Cemetery	Berlin, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/24/50	Helen R. Mayer	Frank Newell, Pikesville, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
NOV 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11013

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 3 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) Winsor Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Leppert
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
F	W	Married	Mar. 10, 1877	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	at home	Germany	U.S.A.

13. FATHER'S NAME Andrew Asker
14. MOTHER'S MAIDEN NAME Eleanor Sank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Edna Nicholson 2001 Edmondson Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vasc Accident	1 hr
443 X Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Cerebral Vasc Disease	10 yrs
	(c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 42, to 11-8, 19 50, that I last saw the deceased alive on 11-8, 19 50 and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dr Thos J Abell 4509 Liberty Heights Ave Balto 7

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/11/50	Woodlawn Cem.	Balto Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-10-50	W E Harry	J Mac Nabb & Son	Catonsville

52086

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 13 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11014

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH — COUNTY Baltimore Relay — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY-MD — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RELAY-MD.
STREET ADDRESS (If rural, give location) 4908 CEDAR AVE

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) THOMAS (Last) LOWMAN
4. DATE OF DEATH (Month) Nov (Day) 2 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 7-19-1874
9. AGE last birthday 76 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED U.S. POST OFFICE
10b. KIND OF BUSINESS OR INDUSTRY FOREMAN
11. BIRTHPLACE (State or foreign country) ODENTON - MD.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME THOMAS JEFFERSON LOWMAN
14. MOTHER'S MAIDEN NAME MARTHA - BROTHERTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS LULA DUNCAN LOWMAN 4908 CEDAR AVE RELAY - MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 8 mos.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Secondary infection & Cavitation

(c) Toxaemia

002X

132-

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1970, to Nov 1, 1950 that I last saw the deceased alive on Oct 30 1950, and that death occurred at 5 30p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frederic V. Beyer - 723 Medical Arts Bldg Nov 3-50.

23. BURIAL, CREMATION REMOVAL (Specify) BURAL — DATE Nov-4-50 — NAME OF CEMETERY OR CREMATORY LOUDON PARK — LOCATION (City, town, or county) (State) BALTO-MD.

DATE REC'D BY LOCAL REG. NOV 6 50 — REGISTRAR'S SIGNATURE Gerkieffer

24. FUNERAL DIRECTOR George A. Farley — ADDRESS Fulton Ave + Fayette St.

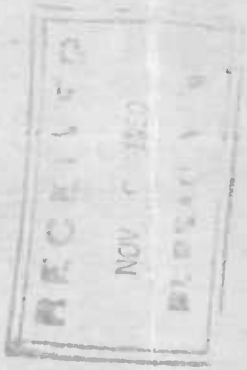
31647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Bartley
1614 Francis Ave.
2 P.M.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11015

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Los Angeles
STREET ADDRESS (If rural, give location) Palos Verdes Estates

3. NAME OF DECEASED (Type or Print): (First) Ursula (Middle) T. (Last) Ludwig (Mrs.)

4. DATE OF DEATH: (Month) November (Day) 22, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 3, 1897

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home.

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Erjautz

14. MOTHER'S MAIDEN NAME: Julia Saletzl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: John Ludwig Los Angeles, Cal.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, rectum, inoperable — Interval between onset and death: Unknown

154 X 46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Unknown — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma, rectum — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1950, to Nov 22, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 10 24 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Stephen Leo Magness MD — Catonsville 28, Md — 11-22-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-25-50. — NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery — LOCATION (City, town, or county) (State): 4701 German Hill Rd. Balto. Co Md.

DATE REC'D BY LOCAL REG.: 11/24/50 — REGISTRAR'S SIGNATURE: O. W. Hedrick — 24. FUNERAL DIRECTOR: Charles L. Zeiler — ADDRESS: 901 S. Conkling St, Balto. Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1216

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 8 mths. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 7307 Windsor Mill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE		MACKEN	Nov.	22,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	single	May 29, 1891	58 yrs.	5	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard Macken
14. MOTHER'S MAIDEN NAME: Louise Kraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic heart failure	2 mths.
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease with hypertrophy and dilatation	
	(c) Arteriosclerosis, severe	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to Nov. 22, 1950, that I last saw the deceased alive on Nov. 22, 1950, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Florence Deringer Joyce MD Spring Grove St Hosp. 11-28-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-25,1950	Mt. Olive	Randallstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/24/50	A. W. Hedrick	G. Howard Strong 3207 W. North Ave.,

MS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11917

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7006 Willowdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural give location): 7006 Willowdale Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
DANIEL	P.	MALONEY	November 30th, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	Feb. 5, 1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
machinist	Crown, Cork & Seal	Balto., Md.	USA

13. FATHER'S NAME: Peter Maloney
14. MOTHER'S MAIDEN NAME: Jeanette Primrose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs. D. P. Maloney, 7006 Willowdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis, generalized	years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

4500 97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 27, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 9 32 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles V. Sevcik	M.D.	3601 Ailsa Ave	Baltimore 14 Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Dec. 4, 1950	Parkwood	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 2-1950	L.W.	Lassahn Funeral Home	7101 Belair Rd.

32644

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11018

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Sister Mary Agnesine Mannes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1879

8. AGE:	Years	Months	Days	If less than one day
	71	1	10	..... hrs. ..... min.

9. Birthplace: Philadelphia Pa.
(Town, county, and state)

10. Usual occupation: Teacher

11. Industry or business

FATHER
12. Name: Charles Mannes
13. Birthplace: Germany

MOTHER
14. Maiden name: Mary Walheim
15. Birthplace: Germany

16. Informant: Sr. Mary Clara

Address: Notch Cliff, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Dec 2/50
(month) (day) (year)

Cemetery or crematory: Notch Cliff

Location: Glen Arm

18. Funeral director: Geo M. Frank

Address: 811 N Mt Vernon

19. Dec 1 1950 (Date rec'd by registrar) V. McHammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30 1950, at 1.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 25 1950, to 1 19

and that I last saw her alive on Nov. 29 1950

Immediate cause of death	DURATION
Myocardial decompensation	4 mo
Due to	
Due to	
Other conditions: Rheumatoid arthritis	19 yrs.

422.2
(Include pregnancy within 3 months of death)

93e

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D.
M. D. or other

Address ..... Date signed

V6891

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
DEC 4 1950
BUREAU OF

11019

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Baltimore County Dundalk MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk

STREET ADDRESS (If rural, give location) 10 Sandy Plains Road

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Wm (Last) Marquard

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1950

5. SEX Mall | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH May 6/1888 | 9. AGE last birthday 62 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineman | 10b. KIND OF BUSINESS OR INDUSTRY Penna R.R. | 11. BIRTHPLACE (State or foreign country) Baltimore | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles P. Marquard | 14. MOTHER'S MAIDEN NAME Christina Heller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Elizabeth E. Marquard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
443X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Disease	5 yrs.
932	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 6, 1950, to Nov. 8, 1950, that I last saw the deceased alive on Nov. 8, 1950, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE James T. Means (Degree or title) M.D. ADDRESS 520 D St. DATE SIGNED 11/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Nov 11/50 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 11/10/50 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR Philip Herwig Sons ADDRESS 2024 Orleans St

32247

31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11020

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Stillwater Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; STREET ADDRESS (If rural, give location) 306 Stillwater Rd.

3. NAME OF DECEASED (Type or Print): (First) JOSEPHINE (Middle) ELIZ. (Last) MEEKS

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 1st 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Balto., Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Gunzelman

14. MOTHER'S MAIDEN NAME: Julia Kuhns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs. Eliz. Wofsky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Cardio-muscular-Renal Disease — Interval between onset and death: 1 yr.

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1st, 1950, to Nov. 21, 1950, that I last saw the deceased alive on Nov. 21, 1950, and that death occurred at 4:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F. White, M.D. 422 Eastern Ave, Baltimore 21, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11-24-50 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 11/22/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: John G. Connelly ADDRESS: Essex

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11021

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HOOD NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 4806 Coleherne

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) MERGEHENN (Last)

4. DATE OF DEATH (Month) NOV. (Day) 10 (Year) 1950 19

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH JULY 12-1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME HENRY FISCHBACH
14. MOTHER'S MAIDEN NAME AMELIA GREBE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. *****
17. INFORMANT ADOLPH MERGEHENN .....SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	9 days
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	4 yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1946, to 11/10, 1950, that I last saw the deceased alive on 11/10, 1950, and that death occurred at 6 30 p.m., from the causes and on the date stated above.

SIGNATURE A. P. Van Schuyl (Degree or title) MD ADDRESS 4818 Edmondson Ave DATE SIGNED 11/11/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 13/50
NAME OF CEMETERY OR CREMATORY Western Cem.
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 11/13/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR F. Blippert & Son
ADDRESS Box Eutaw Rd

JT

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

11022

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

FILM No. G 129 DEC 4 1950

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 812 Regester Ave.	STREET ADDRESS (If rural, give location): 577 Woodbine Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE AUGUSTA MERRYMAN	Nov. 19, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Married	Aug. 21, 1880	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Hazelton, Pa	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Seth James Taber	Cora Hannah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	No	Mrs. Guy Campbell Woodbrook, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) C-V Failure

155 × 46 f

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinomatosis — 7 months

Primary site: Gall Bladder (12/4/50 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/20/50	C.A.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 20, 1950, to Nov. 19, 1950, that I last saw the deceased alive on Nov. 19, 1950, and that death occurred at 7 35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Tos. A. Sedlack M.D.	200 W. Penna. Ave Towson 4 Md	11/21/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/21/50	Lorraine	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/21/50	A W. Hedrick	Wm. J. Tuckner Sons Inc	Balto Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11023

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 40 - N J Little Gunpowder Falls.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 717 N. Monroe St.

3. NAME OF DECEASED (Type or Print) (First) Adele (Middle) L. (Last) Montgomery
4. DATE OF DEATH (Month) Nov (Day) 12 (Year) 50

5. SEX Fem
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug 15/16
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Hwfer
11. BIRTHPLACE (State or foreign country) N. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Baxter Leach
14. MOTHER'S MAIDEN NAME Lelarley Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John Montgomery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Auto. Accident.

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound fracture base skull + Immediate

170c Cervical vertebra

(c) Both legs crushed + torn off above ankles

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) On Rt 40. Opp. Midway Inn (COUNTY) (STATE) Balto. Md.
TIME OF INJURY (Month) 11 (Day) 12 (Year) 50 (Hour) 2 08 AM
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Auto. Accident while crossing road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J M Carmine M.D. (Degree or title) ADDRESS Deputy Medical Examiner Balto Co. Deandale 22 DATE SIGNED 11/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-16-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Saulsbury (State) N. C.

DATE REC'D BY LOCAL REG. 11/14/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Mrs. Frances A. Hensley W. Biddle St ADDRESS 578

JT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11024

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 2 ½ months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1301 Summit Avenue	STREET ADDRESS (If rural, give location): 1301 Summit Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clara	Elizabeth	Mulcahy	November	16,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Sept. 17, 1862	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
---- Young	Turissa Redding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	---	Mrs. Joseph R. Luber 1301 Summit Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	1 day.
332X Antecedent cause(s) 83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis generalized	1 year
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan, 1935, to Nov. 16, 1950, that I last saw the deceased alive on Nov 15, 1950, and that death occurred at 9:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Egbert H. Mortimer		2706 St Paul St Balto 18	11/17/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 20, 1950	Loudon Park	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/17/50	A. W. Hedrich	Burgee Funeral Home	3631 Falls Road

ms

Horace F. Burgee

Dr. Mortimer
2706 N. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11025

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Maryland ~~Baltimore~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 123 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 350 S. Payson Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W. (Last) NAFF
4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6-21-04
9. AGE last birthday: 46 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Co. Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Frank Naff
14. MOTHER'S MAIDEN NAME: Elizabeth Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 10-22-21
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

2-25-24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

416X Immediate cause (a) RHEUMATIC HEART DISEASE, WITH AURICULAR FIBRILLATION AND CARDIAC FAILURE — 27 YEARS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
950 (b) HEPATOMEGALY, SECONDARY TO CARDIAC FAILURE — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to Nov. 10, 1950, ~~that I last saw the deceased alive on~~ and that death occurred at 10:30 A. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VA H, FORT HOWARD, MARYLAND 11-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/14/50
NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/10/50
REGISTRAR'S SIGNATURE R. W. Hodnett
24. FUNERAL DIRECTOR: Cowan Funeral Home ADDRESS: 901 Hollins Street, Baltimore, Maryland

Dr

26689

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11026

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4104 Putty Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Raspeburg
STREET ADDRESS (If rural give location): Babikow Road

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H. (Last) NEUMEISTER

4. DATE OF DEATH: (Month) Nov. 30th, (Day) (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 11, 1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: truck farmer

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James H. Neumeister

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Conrad Hunt, 4104 Putty Hill Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio-Vascular Disease.	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to tha above cause stating tha underlying cause last	(b) Arterio-Sclerosis	5 yrs.
422.1 / 932	(c) Myocardial Insufficiency	1 mon.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 28, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward Benson / W. Cockeysville Balto 6

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Dec. 4. 1950	St. Peters Luth. Cem.	Fullerton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 2, 1950	R.W.	Loveless Funeral Home	7401 Belair Rd.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11027

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Middle River. Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS On PA. R. R. Tracks.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phila.
STREET ADDRESS (If rural, give location) 3704 Haverford Ave.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) P. (Last) Nichols

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Oct. 31-1920

9. AGE last birthday 30 yrs. If under 1 year Months Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Arthur Brown

14. MOTHER'S MAIDEN NAME Alice Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Alice L. Johnson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Crushed skull - entire top

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) torn off & brain complete removed

(c) Chest crushed

802.8

169

INTERVAL BETWEEN ONSET AND DEATH: Immediate.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Private R. R. Tracks. (CITY OR TOWN) Near Middle River, (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) Nov (Day) 3 (Year) 50. (Hour) about 11 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Hit by train.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. M. Carmine M.D. (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md. ADDRESS DATE SIGNED 11/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 6-50

NAME OF CEMETERY OR CREMATORY Eden Cemetery

LOCATION (City, town, or county) Phila. Pa. (State)

DATE REC'D BY LOCAL REG. November 4, 1950

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

XUX99

RECEIVED
NOV 2 1950
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11028

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 75 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 416 Orchard Street

3. NAME OF DECEASED (Type or Print): (First) SNOUKKS also CHARLES (Middle) (NMI) (Last) OSBORNE

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-22-87

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Buckeye's helper

11. BIRTHPLACE (State or foreign country): King and Queen Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Osborne

14. MOTHER'S MAIDEN NAME: May Anna Garnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 245-28-8346

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) POLYSEROSITIS - TUBERCULOUS, PROBABLE	Approximately 3 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

019.2
220

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1950., to Nov. 28, 1950., that I last saw the deceased alive on and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving Freeman
IRVING FREEMAN, M.D., ACT CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 11-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-3-50.

NAME OF CEMETERY OR CREMATORY: Arbutus Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 11-29-50

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: William A. Jackson — ADDRESS: 916 Pennsylvania Ave. Baltimore, Maryland

9x899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11029

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 21, Maryland
STREET ADDRESS (If rural, give location): 838 Brunswick Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) — (Last) Off

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 19, 1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Manager

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Off

14. MOTHER'S MAIDEN NAME: Louise Mincel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N.C. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Personal History-Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — About 2 yrs

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

138

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1950 to Nov. 27, 1950, that I last saw the deceased alive on Nov. 27, 1950 and that death occurred at 7:40 p.m., from the causes and on the date stated above.

SIGNATURE: William A Bridges (Degree or title) ADDRESS: M.D. Eudowood Sanatorium, Towson 4, Maryland — DATE SIGNED: 11-27-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/30/50 — NAME OF CEMETERY OR CREMATORY: St. Peters — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 11-29-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul St

15663

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11030

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 2yrs. 6mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 25 Dunvegan Road	STREET ADDRESS (If rural give location): 25 Dunvegan Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FREDERICK	W.	PABST	Nov.	4th.,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widower	7/30/78	72 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paperhanger, worked as	an employee	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore Pabst	Willimena Vahle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	------	None	Mrs. Helen Astin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Esophagus	6 Months
150X Antecedent cause(s)		
260X 146a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Diabetes Mellitus	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July, 1947, to 11/4, 1950, that I last saw the deceased alive on 11/3, 1950, and that death occurred at 6:15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elliot W. Jackson M.D.		3432 Indiana Ave	11/4/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/7/50	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-6-50	V. E. Harris	Easton Sons	Catonsville, Md.

49611

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49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11031

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2405 Woodridge Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Sparrows Point
STREET ADDRESS (If rural, give location): 2405 Woodridge Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) R. (Last) Parker

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 6, 1895

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Post Master

10b. KIND OF BUSINESS OR INDUSTRY: Postal Service

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Parker

14. MOTHER'S MAIDEN NAME: Isabell ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: George Parker 619 Oldham St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 4 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.1 93d

(b) Myocardial degeneration — Unknown

(c) Arteriosclerotic Cardio-Vascular disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Nov. 21, 1950, that I last saw the deceased alive on Nov. 20, 1950 and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson L. Harbor M.D. 914 "D" St. Sparrows Point, Md. 11/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE: 11/22/50 Wednesday

NAME OF CEMETERY OR CREMATORY: Shamokin

LOCATION (City, Town, or county) (State): Pa.

DATE REC'D BY LOCAL REG.: NOV. 22-50

REGISTRAR'S SIGNATURE: Dawson L. Harbor

24. FUNERAL DIRECTOR: William Cook Inc. ADDRESS: 1217 St. Paul St. Balto.

13495

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NOV 27 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11032

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gerard Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location) Gerard Avenue

3. NAME OF DECEASED (Type or Print): (First) MARION (Middle) AUGUSTUS (Last) PERRY

4. DATE OF DEATH (Month) (Day) (Year): Nov. 23, 1950 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 7, 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles G Williams

14. MOTHER'S MAIDEN NAME: Caroline E. Cleveland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Alzada Ruhl, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	8 days
331X Antecedent cause(s)	(b) Hypertension.	Unkn
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	Unkn

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1950, to 11-23, 1950, that I last saw the deceased alive on 11-22, 1950, and that death occurred at 2.50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bennett A. Stoen M.D. Cockeysville 11/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov. 25, 1950
NAME OF CEMETERY OR CREMATORY: Moreland Memorial Park
LOCATION (City, town, or county) (State): Parkville, Maryland

DATE REC'D BY LOCAL REG.: November 25-1950
REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11033

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1202 Regester Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde
STREET ADDRESS (If rural, give location) 1202 Regester Ave

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Petrich

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Nov 9 1871 | 9. AGE last birthday: 79 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home | 10b. KIND OF BUSINESS OR INDUSTRY: At Home | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? bebi | 14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Catherine Petrich 1202 Regester Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis - Hypertensive Cardio

443X Antecedent cause(s) (b) vascular disease -

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.10.46, 19..., to 11.24., 1950, that I last saw the deceased alive on 11/24, 1950, and that death occurred at 5.15 P. m., from the causes and on the date stated above.

SIGNATURE Anthony F. Carroll Jr. (Degree or title) ADDRESS 5217 York Rd DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov. 27-50 | NAME OF CEMETERY OR CREMATORY Parkwood Cem. | LOCATION (City, town, or county) (State) Taylor Ave Balto. Md

DATE REC'D BY LOCAL REG. 11-27-50 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Riggel Bro. | ADDRESS 7110 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11084

CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingstone Pk. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route-15- Box 23

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Rt. 15- Box - 23

3. NAME OF DECEASED (Type or Print): (First) Stella (Middle) Louise (Last) Phey
4. DATE OF DEATH: (Month) Nov. (Day) 6th (Year) 1950
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov. 19-1909
9. AGE last birthday: 40 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Nicholas B. Bradley
14. MOTHER'S MAIDEN NAME: Laura Hooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT: Mrs. Harris Phey (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162x Immediate cause (a) Metastatic Carcinoma lungs, & breast, thru — 10 mo

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma rt breast & lung — 15 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10 50, to Nov. 6, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Joseph Neale MD — 472 Eastern Ave Baltimore 21 Md — 11/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 8-1950 | NAME OF CEMETERY OR CREMATORY: St Patricks Cem. | LOCATION (City, town, or county) (State): Tennessee

DATE REC'D BY LOCAL REG. 11/7/50 | REGISTRAR'S SIGNATURE: Rev. Hedrick | 24. FUNERAL DIRECTOR — ADDRESS: John J Connelly - 418 Eastern Ave Balto 21 Md.

Dr

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11035

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 490 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 502 S. Dallas Street

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) W. (Last) PIWONSKI

4. DATE OF DEATH: (Month) November (Day) 13 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-25-20

9. AGE last birthday: 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): International Harvester

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bayou, Ala.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Piwonski

14. MOTHER'S MAIDEN NAME: Tina Zemba

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 216-05-1479

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF THE LIVER WITH METASTASES TO REGIONAL LYMPH NODES — UNKNOWN

155X
46f

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to Nov. 13, 1950, [illegible] saw the deceased [illegible] that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 11-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov 17/50 | NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/15/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Fred W. Ozazewski ADDRESS: 1930 Eastern Avenue Baltimore, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11036

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION or STREET ADDRESS Vets.Adm.Hosp.Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 327 Homberg Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (NMI) (Last) POINTEK, Jr.

4. DATE OF DEATH: (Month) 11/5/50 (Day) (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/30/17

9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Simpson, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH POINTEK

14. MOTHER'S MAIDEN NAME: ANTIONETTE FERREK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 188 01 1544

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm. Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162x **Immediate cause** (a) Carcinoma of Lung with Bony Metastases — Interval between onset and death: Unknown

46? **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? ~~Yes~~ No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~XX~~ VA attended the deceased from 11/3, 1950, to 11/5, 1950, ~~that I last saw the deceased~~ that death occurred at 6:50 A m., from the causes and on the date stated above.

SIGNATURE: GEORGE LERNER, M. D. George Lerner (Degree or title)

ADDRESS: VAH, FORT HOWARD, MD.

DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Nov-9-1950

NAME OF CEMETERY OR CREMATORY: St Stanislaw

LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 11/7/50

REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: James J Brudzinski Brudzinski Funeral Home

ADDRESS: 1407 Eastern Ave

Dm.

22295

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11457

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 12 Towson — LENGTH OF STAY (In this place) Sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6729 York Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural give location) Windsor Mill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louis	Clifton	Poole	Nov.	7	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 19, 1908	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lather	Building	Carroll County, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walter C. Poole	Elizabeth Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	213-14-9573	Mrs. Dorotha M. Poole, Windsor Mill Road, Woodlawn, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, vascular, coronary with coronary occlusion, Sudden	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson	M.D., D.M.E.	Towson Md.	11/7/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 10, 1950	Lorraine Cemetery	Woodlawn, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-9-50		Wilbur Lamoreaux	4510 Liberty Heights Ave.

496 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

11038

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Earl Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Price.

4. DATE OF DEATH: (Month) Nov (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct-4-1861

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Price

14. MOTHER'S MAIDEN NAME: Ann Wilson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mrs. Leland Perkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. McCormick M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md. 11/10/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 10-50 | NAME OF CEMETERY OR CREMATORY: Center Cemtery | LOCATION (City, town, or county) (State): Ohio

DATE REC'D BY LOCAL REG.: Received 11, 1950 | REGISTRAR'S SIGNATURE: Edith Hurley | 24. FUNERAL DIRECTOR: John J. Connelly | ADDRESS: 418 Eastern Ave Balto 21 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 11 1950
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11039

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Liberty Road at Marriottsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
STREET ADDRESS (If rural give location): Liberty Road at Marriottsbille Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Norris (Last) Price

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 2, 1875

9. AGE last birthday: 75 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John A. Price

14. MOTHER'S MAIDEN NAME: Martha Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Liberty at Marriotts.Rd
Mrs. Ellen P. Graham, Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 3 days

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

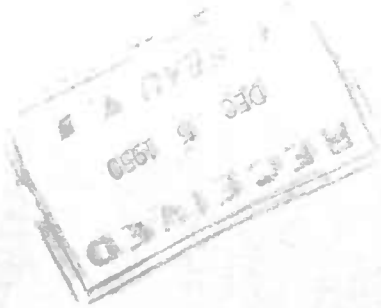
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to 11/17/, 1950, that I last saw the deceased alive on 11/17/, 1950, and that death occurred at 9.30 P. m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin (Degree or title): M D ADDRESS: Randallstown Md DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 20 1950 | NAME OF CEMETERY OR CREMATORY: Wards Chapel Cemetery | LOCATION (City, town, or county): Randallstown, Md. (State):

DATE REC'D BY LOCAL REG. 11/17/50 | REGISTRAR'S SIGNATURE: Wm. E. Martin | 24. FUNERAL DIRECTOR: Miller Lamoreau | ADDRESS: 4510 Liberty Heights Ave. 30885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DEC 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11040

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 244 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2935 Eastern Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALTER	FRANK	PULASKI	November 19 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	2-6-05	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Molder		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Pulaski	Catherine MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW II	705-05-5882	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL FAILURE AND PULMONARY CONGESTION	2 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) DUE TO RHEUMATIC HEART DISEASE WITH MITRAL STENOSIS AND INSUFFICIENCY	2½ years
	(c)	

410X
92b

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SEBACEOUS CYST, RIGHT EAR LOBE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-7-50	Removal of sebaceous cyst on right ear lobe	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 20, 1950, to Nov. 19, 19 50, [illegible] and that death occurred at 3:45 A. m., from the causes and on the date stated above.

SIGNATURE: Paul Padget (Degree or title) ADDRESS DATE SIGNED

PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 11-19-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 22/50	Holy Rosary Cemetery-	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 21, 1950	[illegible]	Fred W. Ozazewski	1930 Eastern Avenue Baltimore, Maryland

11-21-50

49639

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 mt. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 224 E. 20th Street

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) RENEKER (Reineker)

4. DATE OF DEATH: (Month) November (Day) 9, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: August 14, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months: 2, Days: 26, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Milling

11. BIRTHPLACE (State or foreign country): Baltimore County, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John Reineker

14. MOTHER'S MAIDEN NAME: Mary Wurtzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Minnie Reineker, 224 East 20th Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X Immediate cause (a) Carcinoma of lung with cerebral metastases — Unknown

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1950, to Nov. 9, 1950, that I last saw the deceased alive on Nov. 9, 1950, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE: George A. Loudey (Degree or title) M.D. ADDRESS: Spring Grove State Hosp., Catonsville, Md. DATE SIGNED: 11/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE: 11/14/50 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Govans, Baltimore, Md.

DATE REC'D BY LOCAL REG.: November 11, 1950 — REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 St. Paul Street

602X4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Nd Tr 11042

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 4 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 415 Stratford Rd Catonsville Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Maryland; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Melvina (Middle) B. (Last) Rice

4. DATE OF DEATH: (Month) Nov (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jany 15, 1874

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Susie Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr Clarence H. Rice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	2 days
443X 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vas. disease ?	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ....., 1950, to Nov 29, 1950, that I last saw the deceased alive on Nov 29, 1950, and that death occurred at 10 30 A m., from the causes and on the date stated above.

SIGNATURE A. P. Von Schulthess (Degree or title) ADDRESS DATE SIGNED 11/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Dec 1 1950; NAME OF CEMETERY OR CREMATORY Spring Hill; LOCATION (City, town, or county) Easton, (State) Md.

DATE REC'D BY LOCAL REG. 11/29/50; REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR John O. Mitchell & Sons; ADDRESS 1900 Easton Place

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11043

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Wilson
LENGTH OF STAY (in this place) 1 yr. 7 mos. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside, Md.
STREET ADDRESS (If rural, give location) 1216 59th Ave., S.E.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) (Last) Riefler

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: May 20, 1919

9. AGE last birthday: 31 yrs. If under 1 year: Months. 5 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Suitland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Philip Harich

14. MOTHER'S MAIDEN NAME: Magdalena Mattein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-05-8075

17. INFORMANT: Anna Riefler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis, chronic; complicated by empyema.

Antecedent cause(s) 002X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 136

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: About 1½ yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE None
PLACE (Home, farm, factory, street, office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/28, 1949 to 11/16, 1950, that I last saw the deceased alive on 11/16, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: Elmer P. Sauer (Degree or title) M.D. ADDRESS: Mt. Wilson, Md. DATE SIGNED: 11/16/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 11/20/50
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG. 11/16/50
REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: W.W.Chambers & Co., Wash., D. C.
ADDRESS

RECEIVED
NOV 20 1950

11044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH- COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN English Consul
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2812 Oak Grove Ave.	STREET ADDRESS (If rural, give location) 2812 Oak Grove Ave.

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) E.	(Last) ROESCH	4. DATE OF DEATH	(Month) Nov.	(Day) 17,	(Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Nov. 21, 1887	9. AGE last birthday 62 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Lady	10b. KIND OF BUSINESS OR INDUSTRY Overall & Shirt Mfg.	11. BIRTHPLACE (State or foreign country) ?	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Joseph Roesch	14. MOTHER'S MAIDEN NAME Anna R. Schmidt						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS English Consul, Md. Miss Anna Roesch - 2812 Oak Grove Ave.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) (b) Arterial Hypertension

443X

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic Myocarditis

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1950, to Nov. 16, 1950, that I last saw the deceased alive on Nov. 16, 1950, and that death occurred at 9A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N E Spitzer [illegible]		Linthicum Heights Maryland	Nov. 18. 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 11/20/50	NAME OF CEMETERY OR CREMATORY Baltimore Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 11/20/50	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Balto Md

12606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11045

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland. COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarm (rural) — LENGTH OF STAY (in this place): 11 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenarm (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	Root	Nov.	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White		June 6 1873	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Guard	Mfg. Plant.	Baltimore City - Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Root	Julia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. J. W. Root. Mt Vista Rd. Baltaco. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	± 4 years
420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure - Liver Cirrhosis	
124 b	(c) Myocardial + vascular sclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 15, 1950, to Oct. 24, 1950, that I last saw the deceased alive on Oct 24, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John F. Noguera, M.D		Kingsville - Md	11-26-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/30/50	Parkwood Cemetery	Balto. Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-29-50	[signature]	Lassahn Funeral Home	7401 Belair Rd. Balto Co. Md.

6024

VS. A15

RECEIVED
DEC 4 1950
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11046

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL aod give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 711 N. Augusta Ave.

3. NAME OF DECEASED (Type or Print)	(First) CHARLOTTE	(Middle) C.	(Last) RUSTEBERG	4. DATE OF DEATH	(Month) Nov. (Day) 4, (Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH June 16, 1876	9. AGE last birthday 74 yrs.	If uoder 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Philip Becker	14. MOTHER'S MAIDEN NAME -- Gabril				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. none	17. INFORMANT Mrs. Wm. J. E. Apsley Monkton, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tumors of lymph glands - Low grade malignancy - metastices - thorax, retroperitoneal - glands in groin liver - left lung and pleura - — 1-17-47

200.2 Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditioos contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1947, to 11-3, 1950, that I last saw the deceased alive on 11-3, 1950, and that death occurred at Monkton Md. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harry D. McCarty		37 W. Preston St. Balto. 1. Md.	Nov. 6th. 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 11/8/50	NAME OF CEMETERY OR CREMATORY Balto. Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 11/7/50	REGISTRAR'S SIGNATURE H. E. Hedrick Dep	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11047

Reg. Dist. No. 33

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown. LENGTH OF STAY (in this place) 75 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 629 Main	STREET ADDRESS (If rural, give location) 629 Main

3. NAME OF DECEASED (Type or Print) (First) Lydia (Middle) A. Schwartz (Last)

4. DATE OF DEATH (Month) Nov. (Day) 3, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months. Days	If under 24 hrs. Hours Min.
Female	White	Widowed	Sept. 6, 1862	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Self	Penna.	U.S.

13. FATHER'S NAME John Raver

14. MOTHER'S MAIDEN NAME Sophia Peeling.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS W.E. Schwartz Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 × Immediate cause (a) myocarditis Chronic Decompensation

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertension

(c) arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, 19 50, to 11-3-50, 19 50, that I last saw the deceased alive on 11/2, 19 50, and that death occurred at 11 50 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 11-3-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 6, 1950	St. Thomas Cemetery	Owings Mills, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-5-50	Mary B. Eline	J.F. Eline & Sons, Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

11048

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Sulphur Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus Halethorpe.
STREET ADDRESS (If rural give location) 106 Sulphur Spring Rd

3. NAME OF DECEASED (Type or Print) (First) Geraldine (Middle) (Last) Scott
4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 1950
5. SEX F
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Aug 2 1923
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Arbutus Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Vernon Scott
14. MOTHER'S MAIDEN NAME Mabel Matthews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Vernon Scott 106 Sulphur Spg Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo W. Kieffer MD Dep Med Evan Balto Co
ADDRESS 1010 Leeds ave 10-40 pm
DATE SIGNED Nov 25 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 29 50
NAME OF CEMETERY OR CREMATORY Western Star
LOCATION (City, town, or county) Balto Md (State) 322
DATE REC'D BY LOCAL REG. Nov. 28 50
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Mrs Katie R. Williams
ADDRESS Schwebend

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 2 1950
U. S.

11049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Catonsville Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1913 Penrose Ave

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) G. (Last) Sewell

4. DATE OF DEATH (Month) Nov- (Day) 27- (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr-4-1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Dover- Delaware
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Isaac Baker
14. MOTHER'S MAIDEN NAME Amanda Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs-Bessie Cooper - 1920-W. Lexington St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	24 hrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerotic cardio vasc. disease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1950, to Nov 27, 1950, that I last saw the deceased alive on Nov 25, 1950, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE Stephen Lee Magness (Degree or title) MD ADDRESS Catonsville Md DATE SIGNED 11-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 30-1950
NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery
LOCATION (City, town, or county) Centerville - Md. (State)

DATE REC'D BY LOCAL REG. 11/29/50
REGISTRAR'S SIGNATURE G. W. Hedrick
24. FUNERAL DIRECTOR F. B. Wippert & Son - 1300 Eutaw Pl. 17 ADDRESS

DR-Magness- 908. Fred K Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11050

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson,; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convelesent Home 301 Chesapeake Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural give location) Rosewood Lane

3. NAME OF DECEASED (Type or Print): (First) Watson (Middle) E. (Last) Sherwood

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 6, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John R. Sherwood

14. MOTHER'S MAIDEN NAME: Isabella Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. John R. Sherwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure — Interval between onset and death: 7 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paget's Disease (Osteitis Deformans) 2640

(c) Unknown

7810 155

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1923, to Nov. 13, 1950, that I last saw the deceased alive on Nov. 13, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry D. McCarty — ADDRESS 37 W. Preston St. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/15/50 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 11/15/50 | REGISTRAR'S SIGNATURE R. W. Hardwick | 24. FUNERAL DIRECTOR John O. Mitchell & Sons | ADDRESS 1900 Eutaw Place

VS T V

25693

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11051 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 31 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hospital,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 18 Glenhurst Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) R. (Last) SIFORD

4. DATE OF DEATH: (Month) November (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 4-17-92

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY: Gov. hosp.

11. BIRTHPLACE (State or foreign country): Charleston, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Siford

14. MOTHER'S MAIDEN NAME: Mary Ann Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 216-03-6243

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF LEFT BRONCHUS — 5 months +

163 47c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY ABSCESSES, LEFT LUNG, DUE TO ABOVE — UNKNOWN

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1950 to Nov. 25, 1950, that I last saw the deceased ~~XXXX

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

BALTIMORE ~~CITY~~ Co HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11052

Registered No. 40

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALMER MELVIN SMITH

2. DATE OF DEATH: Nov 17/50

3. PLACE OF DEATH:
A. Baltimore ~~City~~, Maryland: Balto. Co
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fullerton - 4116 Slater Ave
c. Length of stay in Baltimore: 30 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fullerton
D. STREET ADDRESS (If rural, give location): 4130 Slater Ave

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	Feb. 16 1896	54		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor T.B. Gatch

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ira Smith

14. MOTHER'S MAIDEN NAME: Sarah Swanner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-03-8008

17. INFORMANT ADDRESS: Mrs A.M. Smith 4130 Slater Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

DUE TO

(B) Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 420.1 94a

DUE TO

(C) Coronary Arteriosclerosis — 7 years

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary tuberculosis, Suspected — ?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
—	—	

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 26, 1946, *to* Nov 17, 1950, *that I last saw the deceased alive on* Nov 17, 1950, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23A. SIGNATURE M. D.	23B. ADDRESS	23C. DATE SIGNED
Harvey L. Fuller	Ridge Road, Baltimore 6	Nov 17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	11/20/50	Camp Chapel	Balto Co Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11053

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville-8
MARYLAND
LENGTH OF STAY (in this place): 44 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5 Waldron Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural, give location): 5 Waldron Ave.,

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Mary (Last) Smith

4. DATE OF DEATH: (Month) 11/ (Day) 10/ (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/17/1875

9. AGE last birthday: 75 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Harford County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Bull

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William H. Smith 5 Waldron Ave., Pikesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	2 Yrs.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Arterial Hypertension	?
	(c) Arterio Sclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18., 1950, to 11/10/., 1950., that I last saw the deceased alive on 11/9/., 1950., and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE: E E Pichel (Degree or title) M.D. ADDRESS: Pikesville-8, Md. DATE SIGNED: 11/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/13/50
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville-8, Md.

DATE REC'D BY LOCAL REG. 11/13/50
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: Pikesville-8, Md.

RECEIVED
NOV 14 1950
BUREAU T. S.

11054

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. 19
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bog (N. Point Creek)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt.
STREET ADDRESS (If rural, give location) Shore Rd.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Richard (Last) Smith
4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 50

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 16/50
9. AGE last birthday 2 mos yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Richd. Smith
14. MOTHER'S MAIDEN NAME Patricia Little

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Patricia Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Insufflation of Vomitus

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

(c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate

921.0
1952

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Sparrows Point (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) 11 (Day) 25 (Year) 1950 (Hour) 11 am
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Vomiting following feeding.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Embarmine Md (Degree or title) Deputy Medical Examiner ADDRESS Balto Co Hundred 22 Md DATE SIGNED 11/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/27/50
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) Colgate Md (State)

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Ullrich Funeral Home ADDRESS 2008 Orleans St.

2-0-9-16-0-28-4-40-5

50-19617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11055

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Lombardy Dr.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 8 Lombardy Dr.

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Nelson (Last) Smith
4. DATE OF DEATH: (Month) Nov (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov 23-1884
9. AGE last birthday: 65 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal miner (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Wakeville Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Harden
14. MOTHER'S MAIDEN NAME: Francis Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Lomayne Mc Coy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Embolism — 2 days

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — about 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1950, to Nov 6, 1950, that I last saw the deceased alive on Nov 6, 1950, and that death occurred at 12 05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M. A. Jacobs M.D. — 1010 North Point Rd - — 11/7/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov. 9-1950 | NAME OF CEMETERY OR CREMATORY Bal-Wa Memorial | LOCATION (City, town, or county) (State) Belair Md

DATE RECD BY LOCAL REG. 11/7/50 | REGISTRAR'S SIGNATURE A.W. Redrick | 24. FUNERAL DIRECTOR — ADDRESS John J. Connelly - 418 Eastern Ave 4541/2 Balto 21 Md

DM

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11056

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Balto. ~~Fred Webster~~ MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Butler
STREET ADDRESS (If rural, give location) Falls Rd.

3. NAME OF DECEASED (Type or Print) (First) FRED (Middle) WEBSTER (Last) SMITH
4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1950.
5. SEX Male.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec 25, 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone mason
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? W.S.A.
13. FATHER'S NAME Wm Henry Smith.
14. MOTHER'S MAIDEN NAME Anna Clara Furry.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO.
17. INFORMANT Mabel Smith (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Artery Disease	1/2 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None.
19b. MAJOR FINDINGS OF OPERATION None.
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None. m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE D. D. Caples Dep. Med. Exam. (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 11-7-'50.

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ DATE THEREOF 11-10-50
NAME OF CEMETERY OR CREMATORY Black Rock
LOCATION (City, town, or county) Butler, Balto Co. (State) Md
DATE REC'D BY LOCAL REG. 11-9-50
REGISTRAR'S SIGNATURE Wilmer C Ensor
24. FUNERAL DIRECTOR Landon M Brooks, Sparks, Md. ADDRESS

306V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 14 1950
BUREAU V. S.

11057

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 49 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1
STREET ADDRESS (If rural, give location): 1115 Madison Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	W.	SMITH	November 9, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Single	2-7-07	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer- Mechanic	Garage-Anderson Motors	Gloucester Co., Virginia	USA

13. FATHER'S NAME: Joseph Smith

14. MOTHER'S MAIDEN NAME: Sarah Poller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY ARTERIOSCLEROSIS WITH MYOCARDIAL INFARCTION	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 21, 1950, to Nov. 9, 1950, ~~last saw the deceased~~ and that death occurred at 10:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Padget			
PAUL PADGET, M. D., CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND			11-10-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/13/50	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
November 11 1950	R.W.	Charles R. Law	802 Madison Avenue Baltimore 1, Maryland

33234

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11958

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. Chesapeake Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson - Idlewylde; STREET ADDRESS (If rural, give location) 533 Regester Ave

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Susan (Last) Smith

4. DATE OF DEATH: (Month) Nov (Day) 11th (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 3/25/1898

9. AGE last birthday: 52 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Wideman

14. MOTHER'S MAIDEN NAME: Susan Mullineaux

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Nellie Cod 301 W. Chesapeake Ave Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 4 days

260X Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriolsclerosis & Cerebral Thrombosis — 3 yrs

(c) Diabetes Mellitus — 18 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1945, to Nov, 1950, that I last saw the deceased alive on Nov 11, 1950, and that death occurred at 7 10 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Charles F. O'Donnell MD | 7501 York Rd | 11/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 11/14/50 | NAME OF CEMETERY ~~OR CREMATORY~~: Mt. Olive | LOCATION (City, town, or county) (State): Roslyn, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 11/14/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

JT

CERTIFICATE OF DEATH

Registered No. 11059 50

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Mary G. Smoot

2. DATE OF DEATH: 11/8/50

3. PLACE OF DEATH:
A. ~~Baltimore City, Maryland~~ Catonsville Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Catonsville Home For aged & Invalids

C. Length of stay in ~~Baltimore~~ Home: 2 yrs 1 mo (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 1304 James St.

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7/27/1886
9. AGE (In years last birthday): 64 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Connelly
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mr William R. Smoot — ADDRESS: 304 James St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

DUE TO

331X ANTECEDENT CAUSES

(B) Cerebral arterio sclerosis — Unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

830 (C) Arterio sclerosis, generalized — Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 22, 1948, *to* Nov 8, 1950, *that I last saw the deceased alive on* Nov 6, 1950, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23A. SIGNATURE: Stephen Lea Magness M. D.
23B. ADDRESS: Catonsville 28 Md
23C. DATE SIGNED: 11-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 11/11/50
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): 3801 Frederick Ave Md

DATE RECEIVED BY LOCAL REGISTRAR: 11-9-50
REGISTRAR'S SIGNATURE:
25. FUNERAL DIRECTOR: John J. Cowan & Son — ADDRESS: 901 Hollins

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11060

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 15 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 202 Church Lane

3. NAME OF DECEASED (Type or Print): (First) Georgia (Middle) Anna C. (Last) Snyder

4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Jan 1870 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): North Carolina | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Crawford | 14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no. | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mr Scott Snyder 202 Church Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart failure — 24 hr

443 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Hypertensive cardiovascular disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to 2 Nov, 1950, that I last saw the deceased alive on 30 Oct, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: Paul H Royse | (Degree or title): M. D. | ADDRESS: Pikesville 8 Md | DATE SIGNED: 2 Nov 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/4/50 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county): Pikesville | (State): Md

DATE REC'D BY LOCAL REG. 11/3/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: Frank H. Newell, Pikesville | ADDRESS: Md

JT

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

11061

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Hall
STREET ADDRESS (If rural give location): E. Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First) Christian (Middle) A. (Last) Soth

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/19/78
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Soth
14. MOTHER'S MAIDEN NAME: Louisa Wiessner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. C. A. Soth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 18 hrs.

204.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebrovascular Accident — 18 hrs.

51b (c) Chronic, Lymphocytic Leukemia — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Carcinoma; Strongyloides infection

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to Nov. 8, 1950, that I last saw the deceased alive on 11/8/, 1950, and that death occurred at 1 A.m., from the causes and on the date stated above.

SIGNATURE: J. Jay Platt, M.D. (Degree or title) — ADDRESS: Phila. & Ridge Rds. Balto. #6 — DATE SIGNED: 11/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/11/50 — NAME OF CEMETERY OR CREMATORY: St. Josephs — LOCATION (City, town, or county): Balto. Co. (State): Md

DATE REC'D BY LOCAL REG.: 11-9-50 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

000 VV

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11062

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
LENGTH OF STAY (In this place): 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4503 WILKENS AVE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
STREET ADDRESS (If rural, give location): 4503 WILKENS AVE

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS (Middle) F. (Last) SPANN

4. DATE OF DEATH: (Month) NOV. (Day) 27 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 5, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRAKEMAN

10b. KIND OF BUSINESS OR INDUSTRY: B&O. R.R.

11. BIRTHPLACE (State or foreign country): BALTIMORE MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: CHARLES SPANN

14. MOTHER'S MAIDEN NAME: MARGARET MARX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-09-9281

17. INFORMANT: AGNES SPANN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

9+a) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): G. W. Kieffer M.D. Examiner

ADDRESS: 1010 Leadenhall

DATE SIGNED: Nov 27 50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 11/30/50

NAME OF CEMETERY OR CREMATORY: MEDOWRIDGE MEMORIAL PK.

LOCATION (City, town, or county) (State): ENNRIDGE, MD.

DATE REC'D BY LOCAL REG.: Nov 29 50

REGISTRAR'S SIGNATURE: G. W. Kieffer

24. FUNERAL DIRECTOR: Joseph J. Ambrose, Jr.

ADDRESS: 1329 Sulphur Spring Rd.

41847

RECEIVED
DEC 2 1950
BUREAU W. S.

11063

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH COUNTY Baltimore — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown LENGTH OF STAY (in this place) 2 mos. HOSPITAL OR INSTITUTION OR STREET ADDRESS Chatsworth Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland — COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown STREET ADDRESS (If rural give location) Chatsworth Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby	Boy	Storm	November	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Nov. 22, 1950	0 yrs.	0	0	0	30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Morgan Ernest Storm	Erma Gladys Bull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 30 min.

776X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

159

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov. 22, 1950, to Nov. 22, 1950, that I last saw the deceased alive on Nov. 22, 1950, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strobel	M.D.	Reisterstown Md.	11/23/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Nov. 23, 1950	Finksburg	Finksburg Carroll md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-50	Mary B. Shive.	Wm. Berryman & Sons.	Reisterstown

VS. A15

10 X 220 383 130

RECEIVED
NOV 27 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11664

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 324 Bronlaw Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 324 Bronlaw Rd.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) MITCHELL (Last) STOUT

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 19 50

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan 13, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tally Clerk - Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Steamship Line

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Stout

14. MOTHER'S MAIDEN NAME: Zenabia Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-05-3771

17. INFORMANT AND ADDRESS: Mrs. Ruth Smith - 324 Bronlaw Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arterio-Sclerosis — Interval Between Onset and Death: ?

145 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

45 ? (b) Arterio Sclerosis Generalized - Abdominal Aneurysm — ?

(c) Carcinoma of Rt tonsil and Posterior Pharynx. — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Unk., 19 39, to Unk 10, 19 50, that I last saw the deceased alive on 11/10, 19 50, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel E. Bogorad, Asst — ADDRESS: 1905 W. Balto. S. Balto. 23 Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 11-14-50 | NAME OF CEMETERY OR CREMATORY: Cathedral | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 11-13-50 | REGISTRAR'S SIGNATURE: V E. Harry

24. FUNERAL DIRECTOR: George A. Farley - Fulton Ave & Fayette St. ADDRESS

26651

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 15 1950
BUREAU V. S

H22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11065

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh; LENGTH OF STAY (in this place) 3yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 917 Wellington Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh; STREET ADDRESS (If rural, give location) 917 Wellington Rd

3. NAME OF DECEASED (Type or Print): (First) Katheren (Middle) Banks (Last) Summerson

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 11 1906

9. AGE last birthday: 43 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Wills Point Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Graham Banks

14. MOTHER'S MAIDEN NAME: Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: Mr. Wm H. Summerson Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of liver — Interval Between Onset and Death: ? 6 mo

156.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46f

(b) None

(c) None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Sept, 1949, to 27 Nov, 1950, that I last saw the deceased alive on 24 Nov, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE: Robert E. Mason (Degree or title) M.D. ADDRESS 9. E. Chase St. DATE SIGNED 27 Nov '50

23. BURIAL, CREMATION REMOVAL (Specify) Removal; DATE THEREOF Nov 28 1950; NAME OF CEMETERY OR CREMATORY Flushing; LOCATION (City, town, or county) (State) Flushing L.I. New York

DATE REC'D BY LOCAL REG. 11-28-50; REGISTRAR'S SIGNATURE A. M. Bacon

24. FUNERAL DIRECTOR: Henry H. Jenkins & Sons Co ADDRESS 4905 York Rd.

Dr. Robt E. Mason
9 E. Chase

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11066

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville-8; MARYLAND; LENGTH OF STAY (in this place): 4 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 708 Milford Rd.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville; STREET ADDRESS (If rural, give location): 708 Milford Rd.,

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Taylor

4. DATE OF DEATH: (Month) 11- (Day) 6- (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/9/1889

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machenic

10b. KIND OF BUSINESS OR INDUSTRY: Railway Express

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Taylor

14. MOTHER'S MAIDEN NAME: Catherine Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Maud Miller Taylor 708 Milford Rd. Pikesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease	Few days
	(c) Arterio Sclerosis	?

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cold and Bronchial Cough — Few days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30, 1950, to 11/6/, 1950, that I last saw the deceased alive on 11/6/, 1950, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE: E E Nichols (Degree or title): M. D. ADDRESS: Pikesville-8, Md. DATE SIGNED: 11/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 11/12/50

NAME OF CEMETERY OR CREMATORY: Louden Park

LOCATION (City, town, or county) (State): Frederick Rd., Balto., Md.

DATE REC'D BY LOCAL REG.: 11/8/50

REGISTRAR'S SIGNATURE: Dr E E Nichols

24. FUNERAL DIRECTOR: Frank H. Newell ADDRESS: Pikesville-8, Md.

33648

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NOV 11 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11067

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, Institution, or street address where death occurred: 614 Plymouth Road.

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 614 Plymouth Road (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: KIMBLE BYRNE TIMBERLAKE

3. (b) Social Security Number: 212-01-0189

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Edith H. Timberlake

6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): August 20, 1895

8. AGE: Years: 55 Months: 2 Days: 27 If less than one day: ..... hrs. ..... min.

9. Birthplace: Winchester Va. (Town, county, and state)

10. Usual occupation: Accountant

11. Industry or business: N. S. Commerce Dep't

FATHER

12. Name: Harry Timberlake

13. Birthplace: Va.

MOTHER

14. Maiden name: Amanda Byrne

15. Birthplace: Va.

16. Informant: Edith H. Timberlake

Address: 614 Plymouth Road.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 18-1950 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore City Md.

18. Funeral director: Mrs. & Mrs. John W. Teufel & Son

Address: 5311 Edmondson Ave.

19. 11/17/50 (Date rec'd by registrar) 19..... A. W. Hedrich ms Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 16th 1950 at 8 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 3 1950 to Nov 16 1950 and that I last saw him alive on Nov. 16 1950

Immediate cause of death: Carcinoma of brain, metastatic

Due to: Carcinoma of rectum

Due to: 154X

Other conditions: 46d (Include pregnancy within 3 months of death)

DURATION: about 6 wks 2 yrs.

Major findings of operations: Carcinoma of rectum

Date of op. Feb 1949

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE: Leo Lw J. Gaver M.D. (M. D. or other)

Address: 1 Mallow Hill ave Date signed 11/17/50

21097

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11068

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pa. R.R. Tracks. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 North Pt. Rd. near Eastern ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio, COUNTY Lake
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairport, harbor.
STREET ADDRESS (If rural, give location) 316 Vine St.,

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) (Last) Toth.
4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1950
5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Aug. 4, 1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman,
10b. KIND OF BUSINESS OR INDUSTRY Abord Ship,
11. BIRTHPLACE (State or foreign country) Fairport Horbor, Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Tohh,
14. MOTHER'S MAIDEN NAME Elizabeth Kalrie,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 293-03-2268
17. INFORMANT Mrs. Mary Yatchso, 316 Vine St., Painsville, Ohio.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802.8 Immediate cause (a) Both legs severed just below
Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b) hips, & arm severed, complete
169 (c) evisceration - Multiple fractured bones

INTERVAL BETWEEN ONSET AND DEATH: Immediate,

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY R.R. Tracks. Private (CITY OR TOWN) Near Essex (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) Nov (Day) 3, (Year) 50 (Hour) 9 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hit by train.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W M Carmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 11/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/13/50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Painsville, Ohio.
DATE REC'D BY LOCAL REG. November 11th 1950
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR C. Vernon Lemmon ADDRESS 4611 Park Heights Ave.

460 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11069

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 14 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Mills Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
STREET ADDRESS (If rural give location) Reisterstown Rd

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Jacob (Last) Townsend

4. DATE OF DEATH: (Month) November (Day) 20 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 7 1870

9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Bernard Gosnell Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-Pneumonia — 3 days

422.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to Nov. 20, 1950, that I last saw the deceased alive on Nov. 18, 1950, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

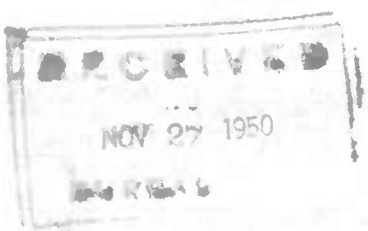
SIGNATURE: Martin E. Strobel | (Degree or title) M.D. | ADDRESS Reisterstown Md. | DATE SIGNED 11/20/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Nov 21 1950 | NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery | LOCATION (City, town, or county) Baltimore | (State) Md

DATE REC'D BY LOCAL REG. 11-21-50 | REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR Wm Berryman & Sons | ADDRESS Reisterstown Md

9289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MARYLAND STATE DEPARTMENT OF HEALTH

11070

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland. — LENGTH OF STAY (in this place) 73 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural, give location) 2 mi W. of Freeland.

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) E. (Last) Turnbaugh.

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 7 1874

9. AGE last birthday: 76 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Own home.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abe Morris.

14. MOTHER'S MAIDEN NAME: Mary Durandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: John Turnbaugh - Freeland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri-sclerosis

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 44, to ~~Oct~~ Nov. 3, 1950, that I last saw the deceased alive on Nov. 1, 1950, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

SIGNATURE: A. M. France — (Degree or title) M.D. — ADDRESS: Parkton Md — DATE SIGNED: 11/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 5 1950 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) (State): Freeland, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: Nov 4 1950 — REGISTRAR'S SIGNATURE: Catherine L. Fuller

24. FUNERAL DIRECTOR — ADDRESS: Jacob Hartenstein, New Freedom, Penna.

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NOV 16 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11071

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Balto

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

Street No. 6840 Belclare Rd (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Emma Van Hise

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widow

6.(b) Name of husband or wife: Albert Van Hise

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 29, 1877

8. AGE:

Years	Months	Days	If less than one day
73	7	6	4 hrs. 30 min.

9. Birthplace: England (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: — Baxter
13. Birthplace: England

MOTHER
14. Maiden name: — Brewerton
15. Birthplace: England

16. Informant: Mrs. Albert League

Address: 6840 Belclare Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/7/1950 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: Eastern Ave. Balto. Md.

18. Funeral director: Walter Brooks Bradley

Address: Dundalk Md.

19. 11/6 1950 (Date rec'd by registrar) H. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 5 1950, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1938, to Nov. 5 1950 and that I last saw her alive on Nov. 5 1950

Immediate cause of death: Hypertensive C.V.R.

Due to: Disease

Due to:

Other conditions: 442 x 131a (Include pregnancy within 8 months of death)

DURATION: more than 12 yrs.

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Howard Burns M.D. M. D. or other

Address: 59 Dundalk Ave. Date signed: 11-5-50

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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11072

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 706 Stoneleigh Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural give location) 706 Stoneleigh Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Nettie Nicolls Ward

4. DATE OF DEATH (Month) (Day) (Year) November 22 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Dec. 14, 1865
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gloucester Courthouse, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert A. Nicolls
14. MOTHER'S MAIDEN NAME Mary Rider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Ralph Bittle - 706 Stoneleigh Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Ventricular Fibrillation	minutes
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Generalized arteriosclerosis	?
97	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 22, 1950, that I last saw the deceased alive on Nov 22, 1950, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frederick J. Vollmer
ADDRESS 6100 York Road & Lake Ave.
DATE SIGNED 11 - 24 -50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 11/25/50
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. November 25th 1950
REGISTRAR'S SIGNATURE R.W.

24. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.
ADDRESS -1900 Eutaw Place Baltimore, Md.
MB Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11073

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 706 W. Fayette Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
LESLIE	(NMI)	WATSON	November 10 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Widowed	3-10-93	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeur - Commercial	Truck Driver	Appomattox, Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Watson	Celia Connor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	218-07-9212	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PYONEPHROSIS	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Bladder	Unknown
	(c)	

1817
528

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from November 9, 1950, to Nov. 10, 1950, ~~I last saw the deceased~~ and that death occurred at 11:17 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): FRANK E. POOLE, M. D. — Frank E Poole, M.D. — ADDRESS: VAH Fort Howard,Md. — DATE SIGNED: 11-11-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/14/50	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/14/50	a W. Yeduck	William A. Jackson	916 Pennsylvania Ave. Baltimore, Maryland

JT

42099

MARYLAND STATE DEPARTMENT OF HEALTH

11074

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
LENGTH OF STAY (in this place): 7 mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: York and Evans Roads

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Timonium
STREET ADDRESS (If rural, give location): York and Evans Roads

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) EGERTON (Last) WEAVER

4. DATE OF DEATH: (Month) Nov. (Day) 19, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 27, 1887

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Byard Calvert Egerton

14. MOTHER'S MAIDEN NAME: Maria D. Sauerberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. William Bolton, Timonium, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	6 hrs.
420.1 Antecedent cause(s)	(b) Arteriosclerotic	
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cardio Renal Vascular Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1950, to Nov 18, 1950, that I last saw the deceased alive on Nov 19, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F O'Donnell MD 7501 York Rd Md. 11/20/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov. 21, 1950
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG.: 11/21/50
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Maryland
ADDRESS

ms.

MARYLAND STATE DEPARTMENT OF HEALTH

11075

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Upperco
LENGTH OF STAY (in this place): 64
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Upperco.
STREET ADDRESS (If rural, give location): 2 mi. N.E. of Upperco.

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) Best (Last) Wheeler

4. DATE OF DEATH: (Month) November (Day) 5, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Febr. 24, 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Farm.

11. BIRTHPLACE (State or foreign country): Upperco, Md. R.D. 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel W. Wheeler.

14. MOTHER'S MAIDEN NAME: Mary Jane Peregoy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Annie E. Wheeler, Upperco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Acute Coronary Occlusion — Interval Between Onset and Death: 12 hours

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

794a

(b): Coronary Heart Disease

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Nov. 5, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 10.45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E. Bush M.D. Hampstead Md 11-5-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 8, 1950 — NAME OF CEMETERY OR CREMATORY: Forest Baptist Cem. — LOCATION (City, town, or county) (State): Upperco, Md.

DATE REC'D BY LOCAL REG.: 11-6-50

REGISTRAR'S SIGNATURE: Mary B. Elvino.

24. FUNERAL DIRECTOR ADDRESS: Jacob Hartenstein, New Freedom, Pa.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11076

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Balto MARYLAND.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 Gum. Spring + Trump. Mill- Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS # (If rural give location) 312 Gum. Spring + Trump. Mill- Rd

3. NAME OF DECEASED (Type or Print) (First) Lena (Middle) M (Last) Wolf

4. DATE OF DEATH (Month) Nov (Day) 21 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 24, 1875
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY AT Home
11. BIRTHPLACE (State or foreign country) Balto., Co, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Eckmyer
14. MOTHER'S MAIDEN NAME Matilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. Fred C Wolf. Gum Spring + Trump Mill- Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
592 x	Immediate cause	(a) Coronary Embolus 3 h.	
	Antecedent cause(s)	arteriosclerosis Hypertension	1 yr
131a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Regurgitation Decompensation	2 day
		(c) Chronic Interstitial Nephritis	1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1950, to Nov 21, 1950, that I last saw the deceased alive on Nov 21, 1950, and that death occurred at 6 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. F. A. Stevens MD
ADDRESS 2878 Harford Rd
DATE SIGNED 11-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/24/50
NAME OF CEMETERY OR CREMATORY Parkwood, Cem.
LOCATION (City, town, or county) Balto. (State) Md

DATE REC'D BY LOCAL REG. Nov. 24 '50
REGISTRAR'S SIGNATURE Mrs. G. L. Reisinger
24. FUNERAL DIRECTOR Lassahn Funeral Home, 7401 Belair Rd. Balto Co Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

2878 Hanford Rd

11077

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18
STREET ADDRESS (If rural, give location) 2430 Barclay Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHARLES	W	YEARLEY	November	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	6-7-92	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Unknown	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Aquilla Yearley	Ellen Music

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	unknown	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL FAILURE	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (527.1 / 95c)	(b) Chronic Cor Pulmonale	unknown
	Chronic Pulmonary Emphysema	unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe Malnutrition	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that VA attended the deceased from Nov. 16, 1950, to Nov.17, 1950, ~~that I last saw the deceased alive on ..., 19...~~, and that death occurred at 11:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel R. Innes		VAH Fort Howard, Md.	11-17-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/21/50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/20/50	A. W. Dedrick MS	Howard Blight Funeral Home / Mildred I. Blight	6009 Harford Rd. Balto., Md.

11078

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH — COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Second Avenue	STREET ADDRESS (If rural, give location) 115 Second Ave.

3. NAME OF DECEASED (Type or Print)	(First) ORVILLE	(Middle) W.	(Last) YOUNG	4. DATE OF DEATH	(Month) Nov.	(Day) 2	(Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Nov. 23, 1898	9. AGE last birthday 51 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Randolph Young	14. MOTHER'S MAIDEN NAME Sarah F. Johnson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. 213-03-6989	17. INFORMANT AND ADDRESS Mrs. Viola V. Young 115 Second Ave., Lansdowne, 27, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Embolism — few minutes

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Angina pectoris — 3 yrs

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from ....., 1930, to Nov 2, 1950, that I last saw the deceased alive on Oct, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frederic V. Beetler 723 Medical Arts Bldg - Balto, Md Nov 4-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 11/6/50	NAME OF CEMETERY OR CREMATORY Savage Cem.	LOCATION (City, town, or county) (State) Savage, Md.
DATE REC'D BY LOCAL REG. 11/6/50	REGISTRAR'S SIGNATURE H.W. Helrich	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Balto Md

266 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15